

Chief Officer: Beth Culshaw

Blue Badge Administration Team

HSCP, 3rd Floor
Council Offices
Garshake Road
Dumbarton
G82 3PU

Tel: Direct Line (01389) 776499

Email: bluebadge@west-dunbarton.gov.uk

Our Ref:

Your Ref:

Date:

Dear Applicant,

Blue Badge Application Form – Discretionary

Thank you for requesting a Blue Badge Application Form you will find it attached to this letter.

Please complete all relevant sections of the application form, I have also attached the accompanying guidance notes which you may find helpful when completing this form.

When you return your application form you should include 1 passport photo, proof of identity and proof of address.

Your completed application form can be handed into any one the following offices:

Council Offices
Garshake Road
Dumbarton
G82 3PU

4 Church Street
Alexandria
G83 0NP

Aurora House
3 Aurora Avenue
Queens Quay
Clydebank
G81 1TG

There is a fee of £3.16 for a successful application form which is payable by cash or cheque on collection of your Blue Badge. Cheques should be made payable to West Dunbartonshire Council.

Yours sincerely,

Blue Badge Admin Team
West Dunbartonshire Council

Blue Badge Application Form - Discretionary



Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. When completing this form you may find the accompanying guidance notes are helpful.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf. Further guidance on completing this section can be found in Section 1 of the accompanying guidance note.

Title (Mr, Mrs, Miss, Ms, other):

First names (in full – maximum of 20 characters):

Surname (maximum of 20 characters):

Gender: Male Female **Date of Birth** (DD/MM/YYYY): / /

Surname at birth (maximum of 20 characters):

Place of Birth: Town:
Country:

National Insurance Number (16 and over)
NHS Number (for under 16s)

Driving Licence Number:
(If you hold a driving licence)

Current address and contact details:

Address:

Postcode:

Home Tel (including code):

Mobile Tel:

Email:

Previous address, if different in the last three years:

Postcode:

Please indicate your preferred contact method:

Phone Mobile Email Post

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes: No:

If you have:

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last badge?

Proof of your address, dated within the last 12 months:

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide original documentation where relevant:

- Either:** I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address.
- Or:** I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
- Or:** I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register.
- Or:** I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address.

Proof of your identity:

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of **one** of the following as proof of your identity:

- Birth Certificate / Adoption Certificate Marriage / Divorce Certificate Passport
- Civil Partnership / Dissolution Certificate Valid Driving Licence

Do not send original documents as these will not be returned.

Photograph:

Please enclose a recent passport-style photograph of the applicant. The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant's name is on the back of the photograph and that you complete Section 5(a) and 5(d) of this form to confirm that the photograph is a true likeness.

Badge issue fee

£3.16 Payable to West Dunbartonshire Council

Payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received.

Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:

(Up to three registration numbers should be nominated, but please remember that other vehicles can be used)

Section 2 – Eligibility Criteria for 'without further assessment' applicants

You will qualify for a Blue Badge if you are more than two years old, can satisfy residency and identity checks, and hold an Assessment Exemption Certificate issued to you by your Local Authority.

You will need to provide a copy of your Assessment Exemption Certificate to prove your eligibility under this criterion.

Please tick the following box if you hold this Certificate, If you are unsure whether this applies to you, then please read Section 2 of the guidance notes enclosed with this application form.

I hold a Local Authority Issued Assessment Exemption Certificate

If you have completed Section 2, please go straight to Section 6.

Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties.

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and

- **have a permanent and substantial disability which means you/they are unable to walk or virtually unable to walk; or**
- **have a temporary, but substantial disability, which means you/they are unable to walk or virtually unable to walk which is likely to last for a period of at least 12 months, but less than 3 years.**

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

I am unable to walk, or virtually unable to walk due to a permanent and substantial disability [Regulation 4(2)(f)]

I am unable to walk, or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years [Regulation 4(2)(g)]

Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate)

Yes: No:

If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

How do the conditions/ disabilities you described above affect your ability to walk?

Please describe:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with

Please describe:

- Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

Are you currently:

(Please tick whichever statements apply to you and provide further details in the space below)

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability since you have been advised it is not expected to improve any further?

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

Name	Job title	Hospital / Health Centre	Telephone number

Please tick the box that best describes the way you walk:

- Normal - no specific problems with walking.
- Adequate - for example, you walk with a slight limp.
- Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

- I am able to walk well, including recreational walks. Yes: No:
- I am able to walk around the supermarket to do my own shopping Yes: No:
- I am able to walk and can use public transport for some of my local trips Yes: No:
- I am able to walk, but struggle with longer distances or hills Yes: No:
- I am able to walk but use a wheelchair for longer trips outside the home. Yes: No:
- I am able to walk around my home, but am unable to climb the stairs. Yes: No:
- I am unable to walk at all. Yes: No:

Are you able to walk outside without the assistance of another person?

Yes: No: (please describe the help you need in the space below.)

Do you use any of the following walking aids?

(Please tick whichever options apply to you - you can tick more than one box)

- | | |
|---|---|
| <input type="checkbox"/> 1 elbow crutch | <input type="checkbox"/> 2 elbow crutches |
| <input type="checkbox"/> 1 walking stick | <input type="checkbox"/> 2 walking sticks |
| <input type="checkbox"/> Walking frame (Zimmer frame) | <input type="checkbox"/> Rollator (a walking frame with wheels) |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Other (please describe in the space below) | |

Were your walking aids.

(Please tick whichever options apply to you)

- Purchased privately by me.
- Prescribed by a healthcare professional.
- Provided by Social Services.
- Other (please describe below).

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

I am able to walk, but get breathless if I walk for more than a few minutes.

Yes: No:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes: No:

Do you get short of breath walking with other people of your own age on level ground?

Yes: No:

Do you have to stop for breath when walking at your own pace on level ground?

Yes: No:

Do you get too breathless to leave your home, or after dressing?

Yes: No:

What medication do you currently take in relation to the conditions / disabilities you described above?

Medication

Dosage

Frequency

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: No:

If Yes, please explain what you are taking and how frequently you need it:

I am able to walk, but find it too painful to walk for more than a few minutes.

Yes: No:

This part must be completed to process this application

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park)

This part must be completed to process this application

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

(Please state the distance in metres or yards using whichever measure is best for you.)

: metres

: yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?

: minutes

Are you able to continue walking after a short rest?

Yes:

No:

If you can continue, roughly how long (in minutes) are you able to walk for in total?

: minutes

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

If you have completed Section 3, please go straight to Section 6.

Section 4 – Questions for ‘subject to further assessment’ applicants with a disability in both arms.

[Regulation 4(2)(e)]

These questions are intended for people who **drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.**

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

Do you drive regularly?

Yes: No:

Do you have a severe disability in both arms?

Yes: No:

Please describe your medical condition / disability:

Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?

Yes: No:

If yes, please describe the difficulties you have with operating parking meters and pay and display machines.

Do you drive a specially adapted vehicle?

Yes: No:

If yes, please describe how the vehicle has been adapted for you, and enclose a photocopy of your insurance details verifying this adaptation.

If you have completed Section 4, please go straight to Section 6.

Section 5 – Questions for ‘subject to further assessment’ applicants under the

age of three
[Regulation 4(3)]

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- **They have a condition requiring the transportation of bulky medical equipment at all times; or**
- **They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.**

If you are unsure whether these questions apply to your child, then please read the guidance notes enclosed with this application form.

Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?

Yes: No:

If YES, please state what type of equipment is required:

Are you applying on behalf of a child under the age of three who has a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes: No:

If YES, please describe the child's medical condition

If you have answered yes to either of the questions above please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact details below:

If you have completed Section 5, please go straight to Section 6.

Section 6 – Declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge

6a) **Mandatory** declarations about the information you have provided and the application process

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be “sensitive personal data” and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

Declarations to be completed by all applicants

- I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.
- I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge.

Declarations to be completed by all individual applicants

- I confirm that the photograph I have submitted with my application is a true likeness.
- I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme in Scotland: Rights and responsibilities of a Blue Badge holder” leaflet which will be sent to me with the badge.
- I understand that I must not hold more than one valid Blue Badge at any time.

Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 2, 3 or 4)

- I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application.
- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
- I understand that, if the application is successful, the badge(s) will only be used when transporting disabled people and that the organisation must use the badge(s) in accordance with the rules of the scheme.

6b) Your consent to use your information to improve the service you receive

Please read and tick the following optional declarations that you consent to. Ticking these boxes will help to improve the service we can offer you

- I consent to the local authority checking any information already held by the local authority's Social Services department on the basis that:
- It can help determine my eligibility for a Blue Badge;
 - It may speed up the processing of my application;
 - It may enable a decision to be made without the need for a mobility assessment.
- I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

6c) Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose.

Section 1 – Information about you

- Proof of your address, dated within the last 12 months.
(if you have not given consent for us to check Council Tax / electoral register / school records).
- A certified photocopy of proof of your identity.
- A passport-style photograph of yourself with your name on the back.

Section 4 – Drivers with a disability in both arms

- A copy of your insurance details if you drive a specially adapted vehicle.

Section 5 – Children under the age of three

- A letter from a healthcare professional that has been involved in the child's treatment, giving details of condition and type of medical equipment needed.

Your signature against the declarations in Section 6a and 6b

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please print your name here:	

If you are unable to sign the form and a guardian or Power of Attorney is signing the form on your behalf, please ensure that the section below is completed;

Signature of guardian or Power of Attorney:	
Date of application:	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please print name here:	

Please return this form and relevant documents to one of the following offices:

**Council Offices
Garshake Road
Dumbarton
G82 3PU**

**4 Church Street
Alexandria
G83 0NP**

**Aurora House
3 Aurora Avenue
Queens Quay
Clydebank
G81 1TG**

Misuse of the badge is a criminal offence and can lead to a fine

Blue Badge Application Form - Guidance Notes

What sections of the application form should I complete?

All individual applicants should complete Section 1 and Section 6.

Individual applicants will also need to complete:

- Section 2 if they have previously been awarded with a Blue Badge and been issued with an Assessment Exemption Certificate.
- Section 3 if they have a permanent and substantial disability which means they are unable to walk or virtually unable to walk.
- Section 3 if they have a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years, which means they are unable to walk or virtually unable to walk.
- Section 4 if they are a driver who has a severe disability in both arms and is unable to operate, or has considerable difficulty operating, all or some types of on-street parking equipment.
- Section 5 if the applicant is a child under the age of 3 who must be accompanied by bulky medical equipment or who needs to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

Section 1 - Information about you

This section should be completed by all individual applicants for a Blue Badge. It does not need to be completed if you are applying for an Organisational Blue Badge. All fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16, as they will not have a National Insurance Number you should provide their NHS Number. When you register your child with a GP practice you are given a medical card. The NHS number is printed on the card; each NHS Number is made up of 10 digits shown in a 3-3-4 format, usually as follows 943/476/5919:

Please note that the 'first names', 'surname' and 'surname at birth' fields can only hold up to 20 characters due to badge printing restrictions.

There are questions for those who have already held a Blue Badge or who have a Blue Badge which is due to expire shortly. Applicants should note that only one badge will be valid for one applicant at the same time. The serial number can be found on the front of the badge.

Please ensure you tick the preferred contact method.

Proof of your identity and address

Identity:

A certified photocopy of one of the following must be submitted with your application: your birth/adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate, valid driving licence or passport.

A certified photocopy is a photocopy of a document that has been verified as being true by a person, other than your partner or family member, who has known you for a minimum of two years and is 18 years or over.

The individual certifying the documents should include the text: "This copy is a true likeness of the original" alongside their signature. They should also print their name and occupation alongside this information.

Address:

Proof of address should be in the form of an original Council Tax bill bearing your name and address. The original must be submitted with your application and will be returned at the end of the application process.

You will not need to submit your Council Tax bill if you have ticked the appropriate box in Section 1, which gives your consent for the local authority to check your address on their Council Tax records or electoral register.

If you are completing the application form on behalf of someone under the age of 16, you should give your consent for the local authority to check school records to confirm their address.

Photograph

Photographs supplied for the badge must be in accordance with passport standards, Please note that you do not need the photograph to be certified.

The dimensions of the photograph on the badge are 45mm high by 35mm wide (the standard size used in photo booths in the UK). Larger photographs with the same aspect ratio are acceptable.

Your photos must be:

- printed to a professional standard
- taken within the previous six months
- in colour on plain white photographic paper with no border
- taken against a plain cream or light grey background
- clear and in focus
- without any creases or tears
- unaltered by computer software

Your photos must:

- be a close-up of your full head and upper shoulders
- contain no other objects or people
- be in clear contrast to the background

In your photo, you must:

- be facing forward and looking straight at the camera
- have a neutral expression and your mouth closed
- have your eyes open, visible and free from reflection or glare from glasses
- not have hair in front of your eyes
- not have a head covering (unless it's for religious or medical reasons)
- not have anything covering your face
- not have any 'red eye'
- not have any shadows on your face or behind you

Blue Badge Issue Fee

Payable to West Dunbartonshire Council - £3.16

West Dunbartonshire Council will only issue successful applicants with a Blue Badge once payment of the required fee has been received.

Other information

You should also provide the Vehicle Registration Numbers of the three vehicles in which you are most likely to use a Blue Badge if your application is successful. This information helps local authorities with their enforcement of the Blue Badge scheme rules, but please note that you can use a Blue Badge in other vehicles too.

Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties

Section 3 is to be completed if you have a permanent and substantial disability which means you are unable to walk or virtually unable to walk. A permanent disability is one that is likely to last for the duration of your life. Medical conditions such as asthma, autism psychological / behavioural problems, Crohn’s disease / incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable or virtually unable to walk, in addition to their condition.

You are asked to describe the nature of their disability and give an estimate of the maximum distance they can walk without assistance from another person or severe discomfort. It can be difficult to accurately work out the distance you can walk.

There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres (or 100 yards).
- The average double-decker bus is about 11 metres (or 12 yards) long.
- A full-size football pitch is about 100 metres (or 110 yards) long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it would take you to walk this distance.
- About your walking speed.
- The way that you walk, for example, shuffling or small steps etc.

Your local authority may ask you to have a mobility assessment with a medical professional, such as a physiotherapist or occupational therapist, in order to determine whether you meet the eligibility criteria. You may have had a mobility assessment in the last 12 months which covered your walking ability and you can give details of this in the final box in Section 3.

Section 3 also applies to those that are unable to walk or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than three years.

Section 4 – Questions for ‘subject to further assessment’ applicants with disabilities in both arms

Section 4 should be completed by applicants who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on-street parking equipment. You will need to satisfy all three conditions above in order to obtain a badge. Local authorities may make arrangements to meet applicants applying under this criterion.

Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three

Section 5 should be completed on behalf of:

- children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- children under three years of age who have a medical condition which means that they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

A local authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

You must enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact. The letter should include a reference to your child's home address to provide your local authority with proof of residence.

Section 6 – Declarations and signatures

Section 6a): The relevant mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, since not ticking those that are relevant to your applicant may result in your local authority being unable to accept your Blue Badge application.

Section 6b): You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from your local authority. In doing so, you will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.

All applicants must sign and date the form prior to submitting it.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

If your badge application is successful, the leaflet “The Blue Badge Scheme - Rights and responsibilities in Scotland” will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly. The leaflet can be viewed at www.bluebadgescotland.org

Please return this form and relevant documents to one of the following offices:

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