

Blue Badge application appointment

If you cannot make your appointment please call 03000 416262

We can only submit your application if ALL RELEVANT documents are present. You cannot use the same document for both proof of address and ID.

Please bring the following information with you:

- National Insurance Number (starts with 2 letters & ends with 1 letter, not NHS no)
- Driving Licence (If applicable)
- Previous Badge details (If applicable) - badge no, expiry date, issuing council
- Proof of Address - Council Tax Bill, Bank Statement, Utility bill, Benefit award letter from DWP or Pension service letter (**dated within the last 12 months**)
- Proof of ID - In date Passport/Driving Licence, Birth Certificate or Marriage Certificate
- Passport photograph - **Taken within 6 months**
- Vehicle Registration Number/s (If applicable)
- Prescription to show medication
- Medical terminology for conditions/disabilities
- Medical letters and/or list of hospital/clinics you have attended and when
- GP's name, surgery address and telephone number
- Debit/Credit Card or cheque - £10 payable to KCC

AND IF APPLICABLE:

- **PIP:** Please bring your original award letter, showing you have been awarded 8 points or more for the Moving Around activity Mobility Component of PIP . If your original letter is not dated within the last year you must **also** bring a copy of your annual update letter dated within the last 12 months. **If you cannot provide this ring: 0345 8503322 to request a copy..**
- **DLA:** Proof of Higher Rate of Mobility Component of Disability Living Allowance. **Letter must be Dated within the last 12 months. If not ring: DWP 03457 123456 or (if born before 1948) ring 0345 6056055.**
- Proof of being registered as blind.
- Proof of War Pensioner's Mobility Supplement.
- Proof of Benefit under Armed Forces & Reserved force Compensation Scheme.
- **If under 16:** A letter from school confirming they attend that school.

Please list when you underwent any relevant surgery or treatment or attended any specialist clinics.

Surgery, Treatment or Clinic	Date

Please list the details of the Medical Professionals (including your GP) who have been treating you in relation to your condition/disabilities.

Name	Job Title	Hospital/Health Centre	Phone Number

How far would you estimate you are able to walk using any walking aids, before you feel severe discomfort? Distance: Yards/Metres

Roughly how many minutes would you estimate it takes you to walk this distance?