

# Blue Badge Application Form (Organisation)

<b>Office Use Only</b>	
D/B ref	<input type="text"/>
User ID	<input type="text"/>

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility.

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 organisation

These questions are intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle / vehicles (e.g. minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge.

**An ‘organisation’ is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person’s badge may be issued.**

Organisational badges will therefore only be issued to an organisation which:

- cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and
- has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.

Organisational badges should only be used when transporting disabled people in their care who meet one or more of the eligibility criteria for a badge – and must not be used for the employee’s benefit when they are carrying out other business on behalf of the organisation. It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational Blue Badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge.

If you are unsure about how to answer these questions, then please read the guidance notes available on <https://www.norfolk.gov.uk/care-support-and-health/disabilities/blue-badges>

<b>Name of organisation:</b>
<b>Main contact name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Telephone:</b>
<b>Email:</b>

**Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge?**

Yes:  No:

**If yes, please give details of the service you provide:**

**As part of that care, does your organisation provide them with transportation?**

Yes:  No:

**If yes, please give details of the types of vehicles in which you wish to use the badge, their vehicle registration number and how often they are used to transport disabled people:**

Type of vehicle	Vehicle Registration Number	Frequency used to transport disabled people

**How many disabled people are in the care of your organisation? \_\_\_\_\_**

**How many of these people are already in receipt of a Blue Badge as individuals? \_\_\_\_\_**

**How many of these people do you estimate would be eligible to receive a Blue Badge if they applied as individuals? \_\_\_\_\_**

**Please describe why your organisation is applying for a Blue Badge and the types of trips it will be used for:**

**How often do you envisage your organisation will use the Blue Badge?**

**How many organisational badges are you applying for?**

(Please note that your organisation will be required to pay £10.00 for each Organisational Badge that is issued).

**If you already have an organisational Blue Badge:**

What is the serial number on the current badge(s)?

What is the expiry date of the current badge(s)?

**Section 2a) – Declarations and signatures**

- 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.

**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 our entitlement to a badge.

**Declarations to be completed by all organisational applicants**

- I confirm that I am authorised to represent the organisation and that the organisation is concerned with the care of disabled people.
- I understand that, if the application is successful, the badge(s) must only be used when transporting disabled people and that the organisation must use the badge(s) in accordance with the rules of the scheme.
- I understand that I must let the local authority know if the vehicles I use for transporting disabled people change
- I consent to the local authority checking any information already held by Adult Social Services on the basis that
- It can help determine our 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 any further assessment

## Data Protection statement

I confirm I have read the data protection statement below:

Under the General Data Protection Regulation (GDPR), we have a legal duty to protect any information we collect about you. Our website contains the Norfolk County Council's general privacy notice and specific privacy notice for Blue Badge applications. The general privacy notice sets out amongst other things, who we are, how long we use your information for, and your rights under the GDPR. The specific privacy notice sets out, amongst other things, how and why we use your personal information. Both privacy notice can be found at [www.norfolk.gov.uk/gdpr](http://www.norfolk.gov.uk/gdpr)

### 2b) Checklist of documents you need to enclose

- Your organisation's logo  
(You need to supply the company logo of your organisation, which will be printed on the badge)
- Evidence of the vehicle license under the Disabled Passenger Vehicle(DPV) taxation class (V11 renewal letter)

### 2c) Your signature against the declarations that you have ticked in section 2a

<b>Your signature:</b>	
<b>Date of application:</b>	(DD/MM/YYYY):        /        /
<b>Please print your name here:</b>	

**Please return the completed form together with necessary documents and payment to:**

**Customer Service Centre / Blue Badge  
Norfolk County Council  
Martineau Lane  
Norwich  
NR1 2DH**