

To be filled in by applicant

Declaration of authority. I authorise the consultant / specialist (shown below) to disclose to Gloucestershire County Council the information requested in this form. (Please PRINT Details)

Name	Date of birth
Address	Tel. no.
	Email
Postcode	
Signed	Date

To be filled in by consultant / specialist

Dear Consultant or Specialist,

The person mentioned above has applied for a travel concession on the basis of being **without the use of both arms**.

The Transport Act 2000 defines this as “does not have arms or has long-term loss of the use of both arms”. This is clarified in more detail as set out in the options below.

**Please tick the box(es) that apply to this person.**

- They have had amputation of both arms.
- They have a congenital absence of both arms.
- They have a deformity of both arms.
- They have one or both arms but are unable to use any to carry out day to day tasks (e.g. paying coins into a fare machine).
- They have muscular dystrophy, spinal cord injury, motor neurone disease or a condition of comparable severity.

**OR**

- I am unable to confirm that any of the above options apply to this person.

**Please tick box**

- If this is a permanent Disability, or
- If not a permanent disability, is likely to last for 5 years or more.

Name	
Position	
Address	
GMC No	Tel
Signed	Date

OFFICIAL  
CLINIC/HOSPITAL STAMP  
Or attach  
letterhead/compliment slip

On completion please return the form to the applicant

Once completed, the Applicant should submit this Evidence Form, along with the completed Concessionary Bus Pass Application Form and proof of address by post to: Concessionary Bus Pass Team, Integrated Transport Unit, Gloucestershire County Council, Shire Hall, Westgate Street, Gloucestershire, GL1 2TH