

Disabled Person's Parking Badge Scheme (Blue Badge)

Replacement Badge Application

Please complete all sections of the form. The local authority may refuse to issue a replacement badge if you do not complete every section.

Personal Details			
Title:			
First name(s):			
Surname:			
Name at Birth:			
Gender:	Male:		Female:
Date of Birth :			
Place of Birth(Town and Country):			
National Insurance Number/Child Registration Number:			
Current address and contact details:			
	Postcode:		
	Home Tel:		Mobile Tel:
	Email Address:		
Reason for requesting a replacement badge. (Please circle the relevant option)	Current blue Badge has been lost	YES	NO
	Current Blue Badge has been stolen	YES	NO
	Current Blue Badge has been damaged	YES	NO
If your current blue badge has been lost or stolen you need to contact your local Police and ask for an incident number	Incident Number given by Police:		
	Date reported:		
	Name of Police Station:		
Badge Issue Fee	<p>Please enclose a cheque or postal order for £10. These should be made payable to Gloucestershire County Council. Please do not send cash through the post.</p> <p>You will only be issued with a replacement blue badge once your payment has been received.</p>		

Please read these declarations about the information you have provided and the application process, and sign to confirm that you have read and understood them. (Please note that we will not be able to process your application without a signature)	
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 confirm that I do not currently hold a Blue (European) Disabled Person's Parking Badge that has been issued by a different local authority.	
I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.	
I understand that you will deal with all documents relating to this application in line with the General Data Protection Regulation 2018, and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud.	
In order to provide this service, we need to process your personal data. To see how this is used and to exercise your rights, please see our Privacy Notice. www.gloucestershire.gov.uk/council-and-democracy/data-protection/service-specific-privacy-notice/	
I understand that I may be required to undertake a mobility assessment with a healthcare professional that is independent of my existing treatment, in order to determine my eligibility for a Blue Badge.	
I agree to the disclosure of the information included in this form to other council departments/service providers so that I can be informed about other council services that may be of benefit to me Yes <input type="checkbox"/> No <input type="checkbox"/> * Please tick as appropriate.	
Your signature against the declarations.	
Your signature:	
Date of application	
Please print your name here	

Please return this form along with the badge issue fee to:

Blue Badge Team
 Gloucestershire County Council
 4th Floor, Block 4
 Shire Hall
 Westgate Street
 Gloucester
 GL1 2TG

FOR OFFICE USE				
Type of Address proof submitted			Date Entered on BBIS	
Type of Identity proof submitted			Issuing Officer	
Photographs included	YES	NO	Badge Number	
Badge Issue Fee included	YES	NO	Expiry Date of Badge	