**Blue Badge Scheme for Disabled and**

**Severely Sight Impaired (Blind) People**

**Form BB3**

**Lost / Damaged Badge**

All questions must be answered in full. Failure to do so will result in delay in processing your application.

**PART A: Personal Details**

To be completed by all applicants

|  |  |  |
| --- | --- | --- |
| Title (Mr, Mrs, Miss, Ms): | Forename(s): | |
| Address: | Surname: | |
| Male | Female |
| Date of Birth: | |
| Telephone: | |
| Postcode: | Email: | |
| National Insurance Number /  Child Registration Number: | | |
| Nature of your Disability: | | |
| Name at Birth:  Place of Birth: Town:  Country: | | |
| Name of Doctor’s Surgery:  Name of Doctor: | | |

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE ONLY:** (Please do not write anything here) | | |
| ID: | Replacement Badge No: | Date Issued: |
| Agreed/Not Agreed: | | Valid Until: |
| Payment Received: | | |
|  | | |

**PART B: Lost / Stolen Badge**

|  |  |
| --- | --- |
| Current badge number if known: |  |
| Expiry date if known: |  |
| Crime reference number if applicable: |  |
| Please give details (e.g. where the badge was lost): | |

**PART C: Damaged / Faded Badge**

|  |  |
| --- | --- |
| Current badge number: |  |
| Expiry date if known: |  |
| Please give reason for requesting a replacement: | |

**PART D**

Replacement badges will be supplied with the expiry date the same as the date that appeared on the original badge. The record of the original badge will be updated to show that it is no longer valid and this information will be passed to street enforcement teams where possible.

An administrative charge is required to issue a replacement badge.

**Lost Badges:** If the badge is subsequently found or recovered it must be returned to West Berkshire Council so that it can be destroyed.

**Damaged Badges:** Must be returned to West Berkshire Council to be officially destroyed once the replacement badge has been received.

**PART E: Declaration**

Declaration to be completed by all applicants (or a representative if you are unable to sign or aged under 16 years).

* I declare that to the best of my knowledge all the information that I have provided is correct
* I understand that I must promptly inform my local issuing authority any changes that may affect my entitlement to a badge
* I enclose a £10 administration fee, Cheques payable to ‘West Berkshire Council’
* **Data Protection Act 1998:** I understand that the information supplied by me on this form will be maintained by the Local Authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, those responsible for discounts for congestion charging or otherwise as the law allows.

**Signed:**

**Date:**

**Print Name:**

**Please return to:**

West Berkshire Council

Blue Badge Team  
Transport & Countryside

Council Offices

Market Street

Newbury

RG14 5LD

**Telephone:** 01635 503276

**Please allow 28 days for processing your application.**

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.**