Apply for, renew or replace an Organisational Blue Badge



Please read the guidance notes and complete all sections of the application form.

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Each Blue Badge costs £10.00.

Payment will only be taken if your application is successful.

Please allow 28 days for your application to be assessed.

Please send completed application forms to:

bluebadges@westberks.gov.uk

Blue Badge Team, West Berkshire Council, Council Offices, Market Street, Newbury, Berkshire, RG14 5LD

Telephone enquiries: 01635 503276

Section 1 - Guidance Notes

Please read the guidelines carefully before applying.

Badges are issued to organisations where the majority of people transported in the vehicle meet the individual applicant's criteria which are as follows:

- Have a permanent and substantial disability which means they are unable to walk or have considerable difficulty in walking
- Registered severely sight impaired (blind)
- Receive Disability Living Allowance at the higher rate (mobility component)
- Receive Personal Independence Payment (8 points or more for moving around)
- Receive the War Pensioners Mobility Supplement
- Receive a lump sum payment within tariff levels 1-8 of the Armed Forces Compensation Scheme
- Have a severe disability in both arms, drives a vehicle regularly and is unable to operate, or has considerable difficulty in operating, pay and display parking machines
- Children under three who on the account of a condition, must always be accompanied by bulky medical equipment
- Children under three who must always be kept near a motor vehicle so that if necessary, treatment can be given at the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given

Organisational Badges will only be issued to an organisation which both:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for an individual Blue Badge
- Has a clear need for an organisational badge rather than using the personal Blue Badge of the people it is transporting

Section 2 – Organisation Contact Details

Name of Organisation:	
Address:	
Main Contact Name & Job Title:	
Telephone:	
Email Address:	

Section 3 – Reason for this application

Number of badges requested?										
Are you:										
☐ Applying for a new organisation	☐ Applying for a new organisational Blue Badge									
☐ Applying for additional organisational Blue Badge(s)										
☐ Applying for a replacement Blue Badge(s) (If damaged please enclose your badge)										
☐ Applying to renew an organisational Blue Badge(s)										
Badge Number										
Dauge Humber		Expiry Date								
Section 4 – Details of you	ur organi	sation								
Does your organisation care for disab			dividual Blug							
Badge? (See Section 1 of the accom										
☐ Yes ☐ No										
LI NO										
If VES places give details of the not	ture of this									
If YES, please give details of the nature of this care:										
How many people does your organis for?										
How many people who would qua badge in their own right are carried e										
How many of your clients use whee walking aids?										

Section 5 - Details of the vehicle(s)

These questions are intended for organisations involved in the care of disabled people who are seeking to apply for a Blue Badge for a vehicle(s) e.g. minibus or specially adapted commercial vehicle which is to be used to transport disabled people who themselves qualify for a Blue Badge.

As part of that Yes No	at care, doe	s your org	anisation provid	le them with transpo	rtation?				
	-			n which you wish to to transport disabled	use the badge, their vehicle people:				
	Vehicle Registrat Numbe	ion w	the vehicle adapted for heelchairs? ith a ramp or ramp lift)	How many passengers can the vehicle carry?	On average, how many times a week is the vehicle used to transport disabled people?				
Vehicle 1									
Vehicle 2									
Vehicle 3									
Vehicle 4									
By submitti	n g this app nave read a	lication y	ns and sigous agree that:		g for an organisational Blue				
Badg ■ The o		ded are co	mplete and acc	curate					
■ You a	 The details provided are complete and accurate You are authorised to represent the organisation and that the organisation is concerned with the care of disabled people 								
 You will tell West Berkshire Council about any changes that may affect your eligibility to an organisational Blue Badge 									
	•		•		n there are no passengers ir a fine of up to £1,000.				
I agree to t	he declara	tion state	d above						
Signature:									
Print Name):								
Date:									