



APPLICATION FOR INDIVIDUAL CARERS PERMIT

Controlled Parking Zone (for Town) _____
(For Bridlington indicate the zone A or B)

You may only apply for a carers permit if you receive or administer care within the controlled parking zone.

The carer needs:

- a letter from Children, Family and Adult Services section of East Riding of Yorkshire Council confirming that you are registered to administer care. Contact the council on (01482) 393939.
- proof of vehicle registration or hire.

Or the person receiving care needs:

- a letter from Children, Family and Adult Services section of East Riding of Yorkshire Council confirming that you are receiving care. Contact the council on (01482) 393939.
- proof of address.

Either the carer or the person receiving care may complete this application form.

Please write clearly in block capitals, tick all the relevant boxes and fill in all the details requested in full.

Is this:

- a new application for a permit? (See page two of this application form)
- a renewal of an existing permit? (Fill in sections A, H)
- an application to replace a lost, stolen or destroyed permit? (Fill in sections B,G,H)
- a notice to inform that you have changed your name or address? (Fill in sections E, H)
- a notification that you have changed your vehicle? (Fill in sections F,H)

Blue disabled badge holders do not require a permit to park within the controlled parking zone, however are entitled to purchase a permit.

A - Renewal of Permit

Current permit number _____

If you have not changed your vehicle or moved address since you last applied for a permit, please fill in sections B and H and return this application form.

If any of your details have changed you must complete section B, D, E and/or F and H.

B - Personal Details

I am:

- the Carer** (Complete sections B, C, D, H) and
- I enclose written confirmation (letter) from Children, Family and Adult Services section of East Riding of Yorkshire Council confirming that you are registered to administer care.

OR

- the person receiving care** (Complete sections B, D, H) and
- I enclose written confirmation (letter) from Children, Family and Adult Services section of East Riding of Yorkshire Council confirming that you are receiving care.

The Carer

Title (i.e Mr, Mrs, Miss, Ms): _____ Surname: _____

First Names (in full): _____

Address: _____

_____ Postcode: _____

E-mail Address: _____

Home: _____

Work: _____

Mobile: _____

The Person Receiving Care

Title (i.e Mr, Mrs, Miss, Ms): _____ Surname: _____

First Names (in full): _____

Address: _____

_____ Postcode: _____

E-mail Address: _____

Home: _____

Work: _____

Mobile: _____

C - Details of Vehicle

Part 1

Registration number: _____

Colour of vehicle: _____

Make and model: _____

Part 2 Proof of Ownership (We need to see the following proof)

Is the vehicle(s): (See Section 5 of Guidance Notes)

- Yours**
I enclose a copy of the original vehicle registration document for current address (DVLA form V5C)
- Company vehicle**
I enclose a letter from my employer
- Lease or hire vehicle**
I enclose the original agreement

D - Proof of residency within the CPZ in which care is administered

I enclose two documents from the list below that show my/the recipients residency within the Controlled Parking Zone. (If applying by post copies are acceptable however originals must be shown if applying in person).

Proof of Address (please supply two of the following)

- Current Council Tax bill
- A bank statement dated within the last three months
- A utility bill dated within the last three months
- Tenancy Agreement
- Department for Works and Pensions letter dated within the last six months
- Driving Licence

For Office Use Only

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E - Change of Name or Address

Current permit number _____

Existing details:

Names: _____

Address: _____

_____ Postcode: _____

New details:

Names: _____

Address: _____

_____ Postcode: _____

I have enclosed one of the following items to prove my new address or name. (If applying by post copies are acceptable however originals must be shown if applying in person).

Proof of Address (please supply two of the following)

- Current Council Tax bill
- A bank statement dated within the last three months
- A utility bill dated within the last three months
- Tenancy Agreement
- Department for Works and Pensions letter dated within the last six months
- Driving Licence
- Solicitor's letter showing exchange of contracts
- Marriage certificate

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<input type="checkbox"/>
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<input type="checkbox"/>

F - Change of Vehicle/Registration Number

Existing Vehicle/Registration Number:

Registration Number: _____

Make: _____

Model: _____

Colour: _____

New Vehicle/Registration Number:

Registration Number: _____

Make: _____

Model: _____

Colour: _____

I am permanently changing my vehicle/registration number and have enclosed the following proof:

Sales invoice showing customers address within the CPZ area
 Insurance document for new vehicle showing address in the CPZ area
 Vehicle registration document (DVLA form V5C)

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I enclose my old CPZ permit.

G - Lost, stolen or destroyed permits

Was your permit: lost stolen destroyed

Crime/Lost property reference number: _____

Date you reported it to the Police: _____

Police station you reported it to: _____

Lost or destroyed permits are replaced upon payment of the original fee. However, if your permit or vehicle has been stolen and a crime/lost property reference number is supplied, the permit will be replaced at no charge. Fraudulent use of a permit reported to be lost or stolen may result in a Penalty Charge Notice being issued.

H - Declaration

Warning: It is an offence to give false or misleading information. If you do, we may prosecute.

The applicant must sign this declaration. You must read each section below and sign to confirm that you have read and understood them fully.

- I confirm that the address shown in Section B on this form is my main home (person receiving care).
- I confirm that I am administrating care within the Controlled Parking Zone shown on page one of this application form (carer)
- I understand and accept that you may ask to visit these premises before or after issuing a permit to make sure I have given the correct address. If I refuse, I understand it is likely that you will not give me a permit or will withdraw the permit.



- I understand that you will use the personal information I have given in line with the Data Protection Act 1998. Parking Operations will use the information I have given to issue an Individual Carers Permit. I accept that you may pass this information to other Council Departments for this and other related purposes.
- I understand the need to protect public funds and therefore you may use the information I have provided on this form to prevent and detect fraud. You may share this information with other bodies who handle public funds for these purposes only.
- The Council will return your documents via Royal Mail with your Individual Carers Permit. Should you not wish the Council to do so, then you must make arrangements with your local Customer Service Centre to produce these documents. The Council cannot accept any responsibility for lost or stolen documents including permits and all claims for replacements or compensation must be made through Royal Mail.
- If I stop administering or receiving care within the Controlled Parking Zone I must return my Individual Carers Permit immediately.

I have read, understood and agree to abide by the instructions and notes which accompany this application form.

Signature: _____ Date: _____

We reserve the right to request to view originals of any copied documents supplied

Please return your completed application form along with copies of the original documents to:
Permits
PO Box 299
Beverley
East Riding of Yorkshire HU17 6FH

For Administration Use Only

Fee Paid : £

Receipt Number :

Can Number :

Date :