Mobility Citycard Application Form

Please complete in BLOCK CAPITALS and black ink

First Name		
Surname		
Date of birth	Telephone	
DDMMYYY		
Address		
Postcode		
National Insurance Number		
Email Address		
You must provide one ex	ample from the list below	w as proof of your name
Letter of pension entit	lement	Birth Certificate (unless your name has changed)
Current Passport		Driving License (paper or photocard)
Medical Card		
You must also provide one example from the list below as proof of address		
Current Council Tax Bill / Letter / Payment book Current Television Licence		
Current Housing Asso	ciation Rent Book	
The items below must be o	dated in the last 3 months	
	dated in the last 3 months not mobile phone bills)	Department of Work and Pensions letter
Residential Utility Bill (r		
Residential Utility Bill (I	not mobile phone bills)	Department of Work and Pensions letter
Residential Utility Bill (note that the Residential Bank / Buille Ethnicity Monitoring	not mobile phone bills) Iding Society Statement	Department of Work and Pensions letter Residential Credit Card Statement
Residential Utility Bill (note that the series of the seri	not mobile phone bills) Iding Society Statement Black Caribbean	Department of Work and Pensions letter Residential Credit Card Statement Mixed White / Black Caribbean White British
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Residential Utility Bill (note that the series of the seri	not mobile phone bills) Iding Society Statement Black Caribbean	Department of Work and Pensions letter Residential Credit Card Statement Mixed White / Black Caribbean White British

Mobility Citycard Application Form Sight impaired or severely sight impaired Do not have arms or have long term loss of the use of both arms Profoundly or severely deaf - minimum hearing A learning disability which includes significant loss if it reaches 70 dBHL impairment of intelligence and social functioning - should be able to qualify for specialist services or may have special Without speech in any language - people educational provision whose speech may be slow or difficult to understand DO NOT QUALIFY Would, if applied for, prevent the granting of a motor vehicle licence under Part III of the Road A disability, or an injury, which has substantial Traffic Act 1998, section 92 (other than on long term effect on ability to walk i.e. the grounds of persistent misuse of drugs or alcohol) i, they cannot walk or ii, they are virtually unable to walk iii, the exertion required to walk would constitute a danger to their life or would be likely to lead to a serious deterioration of their health Please give details of the disability using CAPITAL letters I wish to apply for a Mobility Companion pass Mobility Companion passes may only be issued to to applicants who meet the following criteria: visually impaired wheelchair users has a learning disability that prevents them from travelling alone I have a qualifying disability and my sole or principle residence is Nottingham City. I accept the conditions of the Citycard Scheme. I understand that the provision of any false information as part of this application may render me liable to prosecution and that the pass remains property of Nottingham City Council. Your Signature Date Your Citycard also include other feature in addition the travel beneifts. From time to time we would like to send you information about these additional benefits I do not wish to receive any marketing or promotion material from Easyrider Citycard or it's partners

How would you like us to get in touch with you? (tick all that apply)

Email

SMS Text message

Telephone

Post