

# CONCESSIONARY TRAVEL PASS APPLICATION FORM

(Please complete in BLOCK CAPITALS)

**Please DO NOT use this form if you have previously had a Concessionary Travel Pass, need a replacement or have moved within Wales.**

**I am applying for a Concessionary Travel Pass on the following grounds:**

Age  Disability  Visual Impairment\*  Disabled Requiring a Companion\*

\* You may also need to complete a Disabled Eligibility Assessment Form available from your Council, particularly if you require a Companion Pass. Please contact your local council office for further information.

Title Mr  Mrs  Miss  Ms  Other  Please state

First Names

Surname

Address

Postcode

Date of Birth

Telephone No

Gender: Male  Female

Email Address

National Insurance No

County of Residence  
 Carmarthenshire  Neath Port Talbot   
 Swansea  Pembrokeshire

Please stick a recent colour passport approved photograph here

**I consent\*/do not consent\* (\*please delete) to my name and address being passed to other organisations who may provide opportunities of free/discounted travel or provide travel information.**

**If you require further information or information in a different format please telephone**

Carmarthenshire: (01267) 234567      Neath Port Talbot: (01639) 686868  
 Swansea: (01792) 636377      Pembrokeshire: (01437) 764551

**General Data Protection Regulation 2016:** We will use the personal data you provide here to process your application and will not share it with any third parties (except where you have given your consent above to receive marketing from other organisations), unless we are permitted or required to do so by law. The information you provide here may be compared with other personal data held by the Council in order to check your entitlement to receive this bus pass. Your data may also be used anonymously and statistically to compare take-up of the scheme in different local authorities.

**DECLARATION:**

I confirm that the information given above is correct.  
 I have read and understood the above and understand that if any details are found to be false, my pass will be cancelled and I may have to pay any costs arising from the issue or use of the pass.

Signature:

Date:

**Surname**

**First Name**

Your new SWWITCH Concessionary Travel Pass will be sent to your home address within 21 days of receipt by the Post Office. If your Concessionary Travel Pass has not arrived by the end of this period please call

**Carmarthenshire: (01267) 234567**  
**Neath Port Talbot: (01639) 686868**  
**Swansea: (01792) 636377**  
**Pembrokeshire: (01437) 764551**

Calls will be charged at the same rate as a local call. Please do not call in advance of the date shown above regarding non delivery.

POST OFFICE STAMP
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## FOR POST OFFICE USE ONLY

### Proof of Address: All Applications (✓)

Council Tax Bill	
Utility Bill	
Council Rent Card	
Bank Statement	
Proof of Retirement Pension	

### Proof of Eligibility on Age Grounds (✓)

Birth Certificate	
Proof of Retirement Pension	
Passport	
Driving Licence	

### Proof of Disability and Visual Impairment (✓)

* Council letter of Confirmation of Pass Entitlement	
* Disabled Blue Badge Holder (please state expiry date)	
Disability Living Allowance (Higher Rate Mobility) (please state expiry date)	
Personal Independence (PIP) One or more of the following: 8 points communicating verbally Descriptor 7 12 points planning and following a Journey Descriptor 11 8 points moving around Descriptor 12 (please state expiry date)	
Council Social Services Registration Letter/ NHS Trust Card: Partially Sighted	
Council Social Services Registration Letter/NHS Trust Cars: Profoundly Deaf/ Severely Deaf	
Council Social Services Registration Letter/ NHS Trust Card: Persons without Speech	
Council Social Services Registration Letter/ NHS Trust Card: Persons with Learning Disabilities	
DVLA Revocation/ Refusal Letter. – (please quote DVLA Medical Ref Number)	
War Pensions Mobility Allowance	

### Applications on Disability Grounds Requiring a Companion (✓)

*Council Letter of Confirmation of Pass Entitlement indicating Companion Authorisation	
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*\* Does not apply in Carmarthenshire.*

*Please contact Carmarthenshire County Council direct.*

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Office Name

FAD Code

Week

