

For Office	Registration	ID Card Number																				
Use Only	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Blue Badge office: Aġenzija Sapport, Patri Ġwann Azzopardi Street,

Santa Venera, SVR 1614

Tel: Sapport Helpline – Freephone 153 (ext. 5) /

+356 2256 8356 (Malta) / +356 2156 9909 (Gozo)

Email: bluebadge.sapport@gov.mt

APPLICATION FOR A BLUE BADGE

The aim of this service is to allow persons who have severe and permanent or temporary mobility impairments to park in reserved parking spaces in Malta and Gozo, as well as in countries of the European Union, as well as Australia, Canada, Japan, South Korea, New Zealand, UK and USA. This permit is issued by Aġenzija Sapport following a doctor's assessment.

I am filling up the application as:

☐

Application on my own behalf.

(Applicant refers to the person with disability)

☐

Application on behalf of another person.

(In this case, kindly also provide a copy of your ID Card and provide information requested below in BLOCK letters)

Identity Card number:

Name:

Surname:

Email:

Contact number:

Relationship to the applicant: _____

Applicant's details

(please use BLOCK letters)

Applying for: New Blue Badge

☐

Renewal of Blue Badge

☐

Identity Card Number:

Name:

Surname:

Date of birth:

(DD/MM/YY)

Gender:

Male

☐

Female

☐

Other

☐

House number:

House name:

Country:

Locality:

Street:

Mobile number:

Telephone number:

Email:

Applicant's signature:

I hereby give my consent for the information provided in this form to be shared by Agenzija Sapport with other government departments, authorities, agencies or entities with the aim to facilitate the provision of related services. I understand that Agenzija Sapport will not disclose unnecessary information to other entities, and this will be done in conformity with the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586.).

The purposes of the processing of this information, is to process the application and the failure to submit information would result in the lack of processing of this application form. The personal data that has been collected in order to provide this service can be retained by Aġenzija Sapport for a period of two (2) years. You have the right to request access to, rectification or erasure of personal data that has been collected for the purposes outlined within this application or object or restrict data processing of your personal information. You have the right to withdraw your consent at any time for the processing of data for one or more of the purposes outlined above, without affecting the lawfulness of processing based on consent before its withdrawal. Aġenzija Sapport has the right to keep on processing data that was recorded prior to the withdrawal of your consent, if this is necessary for the provision of services. You have the right to lodge a complaint in-front of the information and data protection commissioner.

Aġenzija Sapport's data controller is the CEO. Aġenzija Sapport's data controller can be contacted on:

- Address: Aġenzija Sapport, Triq il-Ħarrub, Santa Venera SVP 9018
- Telephone number: (+356) 2256 8000
- Email: gdpr.sapport@gov.mt

I confirm that the information provided is correct and I will inform Aġenzija Sapport if there is any change in the data provided.

*Can be signed by the parent or guardian of the person with disability only in cases where:

- The disabled person is under 18 years or,
- The person cannot sign on his/her own behalf because of the nature of the disability

Documents required:

1. One (1) recent, coloured passport-sized photo (40mm X 30mm) of the person with disability. On the back of the photo there must be:
 - the wording “Certified true likeness of (name and surname of person with disability) holder of ID number (ID No.)”
 - the signature of the person certifying the photo, who must be a professional and knows the person with disability well. This can be a head of school or day centre, a priest, social worker, certified professional, mayor or local council secretary, or an official holding a similar office. The profession of the signatory must also be clearly written.
2. New applicants must hand in their application by hand with the administrative fee of €11.50 at **Aġenzija Sapport, Patri Ġwann Azzopardi Street, Santa Venera, SVR 1614**. Exact amount is to be presented. Cash payments will not be accepted by post.
3. Applications for renewal of Blue Badge may be sent by email on bluebadge.sapport@gov.mt with all the necessary documents attached, OR by submitting a hardcopy by hand at **Aġenzija Sapport, Patri Ġwann Azzopardi Street, Santa Venera, SVR 1614**. No fee applies for application of renewal of the Blue Badge.

All applications should have the applicant’s or guardian’s signature (if applicant cannot sign) on page 2. This signature should be in **blue** ink. This will be used on your Blue Badge.

Additional information:

1. Please ensure that the medical certificate on pages 6 & 7 is filled by a doctor.

This should always be filled in by the applicant's doctor:

- When applying for the first time for the Blue Badge;
 - When one is renewing the Blue Badge;
 - In case one needs to add more medical details which were not included in the medical certificate;
 - If one needs to renew the Blue Badge in cases where it was issued on a temporary basis or if requested to do so by the officer in charge.
2. ALL applicants will be requested to attend for an appointment with a professional appointed by Aġenzija Sapport.
 3. The Agency will not send reminders when a Blue Badge is about to expire. It is the applicant's responsibility to apply for a renewal **three (3) months** before the date of expiry of the current Blue Badge. No temporary notes or documents are issued while a Blue Badge application is being processed to be used instead of the official Blue Badge document.
 4. **For more information one may contact Aġenzija Sapport on Sapport Helpline – Freephone 153 (ext. 5) or on +356 2256 8356 (Malta) / +356 2156 9909 (Gozo).**

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MEDICAL CERTIFICATE – BLUE BADGE APPLICATION

This information must be filled by the doctor of the person with disability.

Applicant's name and surname: _____

Applicant's ID card number: _____

Please give clear and accurate diagnosis and details of disability and how this is affecting the applicant in his/her everyday life. The more detailed the information given, the faster this application can be processed.

The disability/disabilities is/are:

Physical ☐ Impaired vision ☐ Impaired hearing ☐
Intellectual ☐ Psychological ☐

The disability started: ☐ At birth ☐ When the person was _____ years old

Applicant can sign on own behalf: Yes ☐ No ☐

Does the person with disability have a permanent mobility problem: Yes ☐ No ☐

Name and surname: _____

(in BLOCK letters)

Doctor's signature: _____

Medical registration number: _____

Official stamp:

Date: _____
