



**Applicant's details**

*(please use BLOCK letters)*

**Applying for:**

**New EU Disability Card ONLY**

**Renewal of EU Disability Card ONLY**

**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:

---

Street:

---

Locality:

---

Country:

---

Mobile number:

---

Telephone number:

---

Email:

---

**Applicant's signature:**

*(please sign in the box below in BLUE ink)*

I hereby give my consent for the information provided in this form to be shared by Aġenzija Sapport with other government departments, authorities, agencies or entities with the aim to facilitate the provision of related services. I understand that Aġenzija 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](mailto: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 person with disability 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.
2. New applicants for Blue Badge 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. Payments are accepted by cash or card only; cheques are not accepted. Cash payments will not be accepted by post. This does not apply if an applicant is applying for an EU Disability Card only.
3. In order to issue a replacement of a lost EU Disability Card, a fee of €5.00 applies.
4. Applications for renewal of Blue Badge may be sent by email on [accessibility.sapport@gov.mt](mailto:accessibility.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 in BLOCK letters. This should always be filled in by the applicant's doctor:
  - When applying for an EU Disability Card;
  - 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 Blue Badge applicants will be requested to attend for an appointment with a professional appointed by Aġenzija Sapport.
3. Applicants for the EU Disability Card and for the Blue Badge may be requested to provide additional medical documentation.
4. The Agency will not send reminders when the EU Disability Card or the 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 document. No temporary notes or documents are issued while an application is being processed to be used instead of the official documents.
5. **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).**

For Office	Registration				
Use Only					

ID Card Number									

**MEDICAL CERTIFICATE – EU DISABILITY CARD & 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: \_\_\_\_\_

Doctor's official stamp:

Date: \_\_\_\_\_

---