

Application Form

Please complete this form in clear handwriting. A large print version can be provided on request.

Title Middle Names			First Name Surname						
Address									
Postcode			Telephone			h	ome/	work/n	nobile
Date of Birth	/	/	National Insi	Irance Number [
Signature			Email						

To apply for a new bus pass, please tick to confirm the following statement:

□ I am not currently in possession of a bus pass issued by City of York Council or any other travel concessions authority. I confirm that the information contained in this application is true and complete. I believe I am entitled to a concessionary bus pass. I understand that it is a criminal offence to give false information in this application and I may be prosecuted if the information I have given is false, incorrect, or incomplete.

I have enclosed: Proof of age (a photocopy of passport/driving licence/letter or annual statement from the DWP)

- Proof of address (a photocopy of a recent gas, electricity or council tax bill)
- □ A passport-sized photograph (write your name on the back)

If you have any queries please visit <u>www.york.gov.uk/OlderPersonsBusPass</u> or call (01904) 551670. Lost passes will be replaced for a fee of £12.50.

For information on how we collect and use your personal data, and to help you understand your rights, please read our privacy statement on the City of York Council website: www.york.gov.uk/privacy/ConcessionaryBusPasses

Return the completed form to:

Concessionary Bus Passes, FREEPOST RTEG – TYYU - KLTZ City of York Council, West Offices, Station Rise, York YO1 6GA

	For Office Use Only
Application No.	
Date Entered	
Staff Member	

Find out more or apply online at www.york.gov.uk/OlderPersonsBusPass