

Application Form for Restricted Zone – Access Permits

Important information for applicants

- Read all guidance notes carefully **before** completing the application form
- Complete the form in black ink and BLOCK CAPITALS
- This guidance can be made available in other formats upon request. Please contact the relevant office for details. Contact details are provided via a link on this internet site.

DATA PROTECTION STATEMENT

In order to comply with the requirements of the Data Protection Act 1998, we would advise you that the personal information you provide on this form will be processed and held by the Department for Regional Development (DRD), and its agents, for the purposes of managing and operating the '**Restricted Zone – Access Permits**' scheme. DRD will use non-personal statistical data collected to analyse current, and plan for future use of the scheme. DRD will investigate all cases of alleged fraudulent use, and the information you have provided may be used in conducting these investigations. The personal information you provide may be checked with other agencies/organisations. If consent to these arrangements is not given, your application will NOT be processed

| Section A - Applicant Details | Official Use Only |
|--|--|
| Full Name: <input type="text"/> | Date received: ___ / ___ / ___ |
| <i>(Mr/Mrs/Miss/Ms)</i> | Initials: _____ |
| Company Name: <input type="text"/> | Application Completed <input type="checkbox"/> |
| <i>(If applying on behalf of a company)</i> | Supporting Documents <input type="checkbox"/> |
| Address: <input type="text"/> | Permit Issued: YES / NO |
| Postcode: <input type="text"/> | Documents returned <input type="checkbox"/> |
| Contact Tel No <input type="text"/> <i>(Home/ Business)</i> <input type="text"/> <i>(Mob)</i> | Roads Service Ref: <input type="text"/> |

Section B - Permit DetailsPermit Category: *(see guidance notes for categories)*Permit Type: *(delete as appropriate)*Date required: to

Days and times required:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

| | | | | | | |
|-------|--|--|--|--|--|--|
| From: | | | | | | |
| To: | | | | | | |
| | | | | | | |

Section C - Restricted Zone DetailsTown / City applied for: Road / Street name(s):

Details of why permit is required including locations: (e.g. address, off-street car park name)

Section D – Vehicle details1st Vehicle2nd Vehicle3rd Vehicle

| | | | |
|--------------------|--|--|--|
| Registered Keeper: | | | |
| Make and Model: | | | |
| Registration Mark: | | | |

Reason for requesting more than one registration on the permit:

Section E - Declaration

I confirm that, to the best of my knowledge and belief, the information supplied in this application form and supporting documents is correct. If any information is found to be incorrect, my application may be withdrawn. Fraudulent use of the access permit may also result in the withdrawal of the permit. I confirm that I have read the Data Protection Statement and agree to the Terms and Conditions as set out in the Guidance Notes

Applicant's signature:

If you are signing on behalf of a third party such as an employer or other organisation, please state the position you hold: