



MOBILITY SCOOTER PERMIT APPLICATION FORM

Please complete in **BLOCK CAPITALS** using black ink

Section 1 Your Details

Surname	<input type="text"/>	Forename/s	<input type="text"/>
Address	<input type="text"/>		
		Post Code	<input type="text"/>
Telephone no.	<input type="text"/>	Mobile no.	<input type="text"/>
Email address	<input type="text"/>		

Section 2 Your Mobility Scooter

Make*	<input type="text"/>	Model*	<input type="text"/>
Class*	<input type="text"/>		
Height	<input type="text"/>	Width	<input type="text"/>
Carrying capacity	<input type="text"/>	Unladen weight	<input type="text"/>
Wheel base (from wheel centres)	<input type="text"/>		
Battery size	<input type="text"/>	Battery type	<input type="text"/>

*MUST be completed in order to process application.

Signed	<input type="text"/>	Date	<input type="text"/>
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Please return your completed application form along with a passport sized photo to:

bus vannin
Transport Head Quarters
Bank Circus
Douglas
Isle of Man
IM1 5PT

Welcome Centre
Department of Infrastructure
Sea Terminal Building
Douglas
Isle of Man
IM99 1JJ

We will contact you to make an appointment for your mobility scooter assessment.

Office use only:

Serial no.	<input type="text"/>	Issuing operator	<input type="text" value="Bus Vannin"/>
	assessment required? (delete as necessary)	Yes / No	Approved / Declined