

**Concessionary bus pass**

**Replacement, lost, damaged, stolen**

**English National Concessionary Travel Scheme**

Please complete this form in **black ink**. Replacment passes that have been lost, damaged or stolen will incur a **£14** charge. This charge cannot be refunded if you later find your pass. A crime reference number will be required if a pass is stolen (which may mean that the replacement charge is waived).**Please note,** Incomplete application forms cannot be processed and may be returned, delaying your application. Please do not enclose original documents as we cannot be held responsible should your application be lost in the post.

Please return the completed form and copies of required documents to:

**Concessionary Fares Smartcards, Customer Services, Town Hall, Luton. LU1 2BQ**

Please ensure that the correct postage is applied. We cannot accept applications sent with insufficient postage. Your application should be processed within 15 working days of receipt.

**If you need help with this form, please contact us on 01582 547256**.

**1. I am applying for: older person’s replacement pass**  **disability replacement pass**

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**2. Crime reference**

**number** (*if stolen*)**:**

**3. Title:** Mr  Mrs  Miss  Ms  Other: ………………..

**4. Forename(s) or given name(s):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**5. Surname or family name:**

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| D | D | / | M | M | / | Y | Y | Y | Y |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**6. Date of birth:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

**7. National insurance number:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**8. Your permanent address :**

| Postcode: | L | U | 0 |  | 0 | A | A |
| --- | --- | --- | --- | --- | --- | --- | --- |

Please attach a copy of one of the following items which should be dated within the last 3 months.

Utility bill  Council Tax bill  Bank / Credit Card statement

**Note:** Permanent residency is based on where you reside throughout the year. If you only reside in the UK for part of the year, then this is not classed as a permanent residence for the purpose of a bus pass application, even if Council Tax payments are made on the property.

| 0 | 1 | 5 | 8 | 2 |  | 0 | 0 | 0 | 0 | 0 | 0 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 7 | 0 | 0 | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 |

**9. Telephone number:**

**10. Mobile number:**

**11. Email address:**

**12.** **Replacement charge:**

Please enclose one of the following method of payment for **£14** which should be made payable to “**Luton Council**”. We are unable to accept cash or card payment for applications made by post.

Postal Order  Cheque

**15. Declaration:** You are signing this application in order to apply for a bus pass under the English National Concessionary Travel Scheme. By doing so you are also providing consent to enable the council to obtain or provide, where necessary, personal details relating to this application and to confirm proof of eligibility. The onus is on you to prove your entitlement. You are also signing to say that you are a permanent resident of Luton. Luton Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided in respect of your Concessionary Fares Bus Pass application, for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, please visit our website [www.luton.gov.uk](http://www.luton.gov.uk) and search for **Bus pass.**

DATE

SIGNATURE

**16. Date and signature:**