

**Concessionary Bus Pass  
Application Form**



**Devizes Visitor Centre  
Cromwell House  
Market Place  
Devizes  
SN10 1JG**

Before completing this form please  
refer to guidance notes included

**Telephone 01380 734669 Please ask for  
Mrs Butler  
E-mail [carole.butler@kennet.gov.uk](mailto:carole.butler@kennet.gov.uk)  
[www.kennet.gov.uk](http://www.kennet.gov.uk)**

NAME AND ADDRESS OF APPLICANT

TELEPHONE NUMBER  
OPTIONAL

**1. FULL NAME**

**2. ELIGIBILITY- (see guidance note 2)**

**Please tick box (es ) which apply to you. Please note, proof of age or disability must be provided.**

- SENIOR CITIZEN**      **Date of Birth**
- DISABILITY** (see guidance notes)
- PERSON NOT PERMITTED TO DRIVE ON MEDICAL GROUNDS**

**3. (See guidance note 3) If you are unable to use public transport without the aid of a companion and wish to obtain a COMPANION Pass please tick**

**4. (See guidance note 4) I hereby declare that I am eligible to apply for a concessionary bus pass and will abide by the conditions of use that may be revised from time to time. I enclose**

**The required evidence       My photograph**

**Signed**

**Date**

**Information collected on this application form will be held confidentially on the Kennet District Council database.**

# FOR OFFICE USE

## 1. Eligibility Details

Confirm eligibility category for which pass was issued

Temporary eligibility

Evidence of eligibility seen as below

Passport

Disability Card

Doctors Letter

Birth Certificate

Pension Book / Card

DSS Registration

Other Please Specify

DATE RETURNED

INFORMATION TAKEN BY