

PROOF OF ELIGIBILITY FOR CONCESSIONARY FARES

(WOULD HAVE OR HAS BEEN REFUSED A DRIVING LICENCE UNDER SECTION 92 OR PART III OF
THE ROAD TRAFFIC ACT 1988)

NAME OF APPLICANT: _____

ADDRESS: _____

1. I confirm that if the person named above were to apply for a grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988 his/her application would be **refused** pursuant to Section 92 of the Act (physical fitness) **otherwise than on the grounds of persistent misuse of drugs or alcohol**

Confirmed
Please tick

NB: Those **who persistently misuse drugs or alcohol** are not covered by the definition of 'disabled person' under the Act and are thus not entitled to the statutory minimum.

2. I further confirm that the reason the person named would be refused a driving licence is because they have one of the following conditions (**please tick**):

- EPILEPSY** (not a type which does not pose a danger – see below) The Motor Vehicles Driving Licences Regulations 1999 permit the grant of a driving licence to a person with epilepsy if that person:

- Has not had an epileptic attack whilst awake for a year or more **or**
- Has had a history of attacks whilst asleep, and only whilst asleep, over the past three years or more

Date of last attack whilst awake _____

- SEVERE MENTAL DISORDER** (this should be a permanent state and not caused by abuse of drugs or alcohol)

- LIABILITY TO SUDDEN ATTACKS OF GIDDINESS OR FAINTING** (whether as a result of a cardiac disorder or otherwise) **Date of last attack** _____

- INABILITY TO READ A REGISTRATION PLATE IN GOOD LIGHT AT 20.5 METRES**
(with lenses if worn)

Is the applicant blind or partially sighted? YES/NO

- ANOTHER DISABILITY WHICH IS LIKELY TO CAUSE THE DRIVING OF VEHICLES BY THEM TO BE A SOURCE OF DANGER TO THE PUBLIC.**

Please state disability _____

DOCTORS NAME, POSITION ie EYE SPECIALIST, GP etc, ADDRESS & OFFICIAL STAMP:

Signature of Doctor: _____ **Dated** _____