

# mobility scooter permit application



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"/>		
	<input type="text"/>	postcode	<input type="text"/>
telephone no.	<input type="text"/>	mobile no.	<input type="text"/>
email address	<input type="text"/>		

## section 2 your mobility scooter details

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 your 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:**

Mobility Scooter Application  
Go South Coast  
Towngate House  
2-8 Parkstone Road  
Poole BH15 2PR

**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"/>
assessment required? (delete as necessary)		yes   no	approved   declined