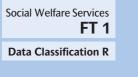
## Registration form for

## Free Travel Scheme





- Please answer all questions.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- If you already hold a Public Services Card Free Travel and it is lost, stolen or damaged, please phone 1890 83 7000 to request a replacement **DO NOT** complete this form.
- If you want to replace a lost, stolen or damaged **paper** Free Travel Pass, please call 071 915 7100 or LoCall 1890 500 000.

Part 1	Your own details								
<ol> <li>Your PPS No.:</li> <li>Title: (insert an 'X' or specify)</li> <li>Surname:</li> <li>First name(s):</li> <li>Your birth surname:</li> <li>Your mother's birth</li> </ol>	Mr. Mrs. Ms. Other								
<ul><li>7. Your date of birth:</li></ul>	Please attach your birth certificate if born outside the Republic of Ireland.								
	Contact Details								
8. Your address:									
County	Eircode								
9. Your telephone number:	MOBILE								
Declaration									
I declare that the information given by me on this form is truthful and complete and that I permanently live in the Republic of Ireland. I acknowledge that another individual is not entitled to use my card at anytime. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.  A parent or guardian must sign declaration in respect of applicants under 16 years.  Date:  Date:									
Signature (not block letters)									

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 1 continued	Y	ou	<b>r</b> (	<b>DW</b>	n	de	tai	ls												
10.Your email address:																				
10. Tour email address:																				
	$\perp$																			
11.Are you?		ing										Col	hab	itin	5					
	\	Лar	riec	b								In a	a Civ	vil P	art	ner	ship	)		
	S	epa	arat	ed								A s	urvi	ivin	g Ci	vil I	Part	ner		
		Divo	rce	ed									orm							
	V	Vid	ow	ed							•		ere as si						•	)
that has since been dissolved)  12.If you are married, in a civil partnership or cohabiting, from what date?																				
				М	A A		V	V	Y	V										
	Plea	ise	att			ur r					fica	te d	or c	ivil	par	tne	rsh	ір о	r	
	civil	un	ion	re	gist	rati	on	cer							_			_		le
13.If you are a Widow, Widow	the er o	-							1er	age	-d 6	0 - 0	65.	did	VΩI	ır la	ate	sno	IISE	or
civil partner have a Free Tr													00,	aia	, 00		100	3po	usc	0.
		Yes				1	Vo													
If 'Yes', please state their:																				
Surname:																				
First name(s):																				
Date of birth:																				
	D	D		M	M		Y	Y	Y	Y										
PPS No:																				
Were you living with your lat	e sp	ous	se c	r ci	vil p	oart	ner	at t	he	time	e of	the	ir d	eatl	า?					
		Yes				1	Vo													
Part 2	Y	ou	r (	cla	im	d	eta	ils	5											
Please answer the following questions if you are under 66.  If you are over 66, please proceed to Part 3.																				
14. Are you getting an occupational pension?																				
		Yes				1	No													
15. Are you getting a social security payment from another country?  Yes No																				
If 'Yes' to either of the above, please attach payment statement and state:																				
Type of payment:																				
Source of payment:																				
If you are getting a payment	fron	n ar	ny c	the	er aş	gene	cy p	leas	se g	ive	you	r in	sura	ance	or	clai	im r	 านm	ber	:
			-				- •													

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## Part 3

# Free travel for your spouse, civil partner or cohabitant

	or conabitant										
If your spouse, civil partner or travel, please fill in the follow		ply to travel fo	or free with yo	ou when you							
16.Their PPS No.:											
<b>17.Title:</b> (insert an 'X' or specify)	Mr. Mrs. M	s (	Other								
18.Their surname:											
19. Their first name(s):											
20. Their birth surname:											
21.Their mother's birth surname:											
22.Their date of birth:											
D D M M Y Y Y Y  Please attach their birth certificate if born outside the Republic of Irelar											
Part 4	Free Travel Co	mpanion 1	Pass								
You may be eligible to get a Free Travel Companion Pass if you are medically assessed as unfit to travel alone. This type of pass allows any one person, aged 16 or over, to travel for free with you. For more information, log on to www.welfare.ie.											
23.Do you wish to apply for a Free Travel Companion Pass?											
If you are applying for a Free details.	Yes No    No   No   No   No   No		you another	form for furth	ıer						
Part 5	Free Travel Co blind person o				l						
24.If you are registered as a bl person from the National C complete the following: The person named in Part 1 is r	Council for the Blind or	the National	League of the								
		Date:		2 0							
		D [	D M M	YYYY	<u> </u>						
Signature (not block letters)		Council	or League Offi	icial Stamp							
If you are under 18 years and blind person with the Nationa Blind or the National League attach recent medical evidence impairment from your eye specific process.			·								

#### Send this completed application form and relevant documents to:

**Free Travel Section** 

Social Welfare Services College Road Sligo

Telephone: 071 915 7100 LoCall: 1890 500 000

If you are calling from outside the Republic of Ireland please call: + 353 71 915 7100

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

If you are entitled to Free Travel and not registered for the Public Services Card, you will have to register before your Public Services Card Free Travel is issued to you. Paper free travel passes are no longer being issued.

### Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

#### Important:

Your Free Travel card is a very valuable document and is for your own personal use only and is not transferable to any other person. Under no circumstances is another individual entitled to use your free travel card at any time. The card remains the property of the Department of Social Protection.

The Department aims to provide a high quality service in a safe and secure environment and this extends to our service providers. It is our duty to ensure, insofar as is reasonably practicable, the health, safety and welfare of all our customers, employees and members of the public.

Conditions of use for the Free Travel Card are subject to the bye-laws, regulations and conditions of, or applicable to, the transport companies.

However, if it is reported that a person is consistently abusing their Free Travel entitlement by either wrongfully presenting a card for travel or engaging in anti social behaviour while using the card, the Department will review that person's Free Travel entitlement.

#### **Data Protection Statement**

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

8 Edition: May 2018