Application form to change:

Social Welfare Services
FT PSC 1
Data Classification R

Free Travel Pass to Public Services Card Free Travel

If you already hold a Public Services Card Free Travel and it is lost, stolen or damaged, please phone 1890 837000 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. If you have changed address or your marital status you must complete this form.

- Please answer **all questions**.
- Please use **BLACK** ball point pen.
- Please write BLOCK LETTERS and place an X in the relevant boxes.

Please note, when we receive your application form we will send you a letter asking you to make an appointment to register for the Public Services Card Free Travel. Paper free travel passes are not being sent out any more.

Part 1 — Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other
3. **Surname:**
4. **First name(s):**
5. **Your date of birth:** D D M M Y Y Y Y

Please attach your birth certificate if born outside the Republic of Ireland.

Contact Details

6. **Your address:**

County Post Code

7. **Your telephone number:** MOBILE
8. **Your email address:**

Declaration

I declare that I permanently live in the Republic of Ireland. I acknowledge that another individual is not entitled to use my pass at anytime. I undertake to immediately advise the Department of any change in my circumstances.

A parent or guardian must sign the declaration if the child is under 16 years.

Date: D D M M 2 0 Y Y

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 — Your own details

9. Are you?

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Cohabiting
- ☐ In a Civil Partnership
- ☐ A surviving Civil Partner
- ☐ A former Civil Partner (you were in a Civil Partnership that has since been dissolved)

10. Have you changed address recently? ☐ Yes ☐ No

If 'Yes', please give details of your previous address:

County

Post Code

Part 2 — Details of your spouse, civil partner or cohabitant

If you wish to apply for a Free Travel Card that will allow your spouse, civil partner or cohabitant to travel for free with you, please fill in the following details:

12. Their PPS No.:

13. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

14. Their surname:

15. Their first name(s):

16. Their birth surname:

17. Their mother's birth surname:

18. Their date of birth: D D M M Y Y Y Y

Please attach their birth certificate if born outside the Republic of Ireland.

Send this completed application form and relevant documents to:

Free Travel Section
Social Welfare Services
College Road
Sligo

Call 071 915 7100 or LoCall 1890 500 000 (from Republic of Ireland).

For more information, log on to **www.welfare.ie**.

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

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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