



Replacement SmartPass card

You need a Personal Public Service Number (PPS No.) before you apply.

- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions**.
- Failure to answer all questions could result in a delay with your application.
- For more information, log on to **www.welfare.ie**.

Part 1

Your own details

1. Your PPS No.:

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2. Title: (insert an 'X' or specify)

Mr. ☐ Mrs. ☐ Ms. ☐ Other

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3. Surname:

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4. First name(s):

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5. Your date of birth:

D	D	M	M	Y	Y	Y	Y
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6. SmartPass No.:
(if known)

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7. Reference number:
(as appears on your Free Travel Pass)

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Contact Details

8. Your address:

County

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Postcode

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9. Your telephone number:

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MOBILE

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LANDLINE

10. Your email address:

For official use only

Office:

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Date:

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D D

M M

Y Y Y Y

Signed

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

Please sign and date the form below

Please read and choose the statement which applies to you:

- ☐ I confirm that my SmartPass card has been **lost** and I agree to return my pass to my nearest Social Welfare Local Office if I find it.
- ☐ I confirm that my SmartPass card has been **stolen** and I agree to return my pass to my nearest Social Welfare Local Office if I find it.
- ☐ I confirm that my name has changed and I attach the relevant documents.
- ☐ I confirm that my SmartPass card has been **damaged** and I have enclosed it with this application.

I am aware that my original card will be electronically switched off and will be of no further use. I understand that any tickets purchased while waiting for a new SmartPass are non-refundable.

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Signature (not block letters)

Date:

D D

M M

 2 0

Y Y Y Y

Send this completed application form to:

Free Travel Section

Department of Social Protection
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 using 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.