

**BARBADOS COUNCIL FOR THE DISABLED
DISABLED DRIVERS VEHICLE IDENTIFICATION
APPLICATION FORM**

No. _____

NAME: _____
(Applicant/Guardian)

ADDRESS: _____

Tel.: _____ AGE: _____

NATIONAL REGISTRATION# _____

NATURE OF DISABILITY: _____

DISABILITY STATUS (Temporary/Permanent): _____

APPROVED BY DOCTOR: _____ (See attach Certificate)

Date of Issue: _____ Date of Expiry: _____

Signature of Applicant/Guardian

OFFICIAL SECTION

Issuer

Administrative Officer