



M6toll Mobility Exemption Application Form
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED FOR RE-SUBMISSION.

A Mobility Exemption will be issued to use on the M6toll for the person and vehicle nominated below. For further information, please visit www.m6toll.co.uk or contact our Mobility Exemption Team on 0330 660 0790 and Select option 2 or email us on mobilitypass@m6toll.co.uk

1 About the applicant *Please print clearly in block capitals*

Company (If Applicable)	
First Name	
Surname	
Title e.g. Mr, Mrs Ms	
Address	
Town/City	
County	
Post Code	
Telephone No.	
Email Address	
Date of Birth	

2 Vehicle details:

Registration Number	Make (e.g Ford)	Model (e.g Fiesta)	Colour

3 Information to be sent with this application

3.1 Payment: A cheque for £7.00 payable to Midland Expressway Limited, with the applicants name and vehicle registration on the back. **Or**, if you wish to pay by card please supply a contact daytime telephone No. **in Section 1** .

3.2 Please enclose at least one of the documents listed in **SECTION 4**. If the application is being made on behalf of someone, or a Power of Attorney is held, please **ALSO COMPLETE** details in **section 6 overleaf**. Please only send copies of documents, not originals and

4 Disability Living Allowance (DLA) by virtue of entitlement to the **Mobility Component at the Higher Rate**.

or Personal Independent payment (PIP) by virtue of entitlement to the **Mobility Component at the Enhanced Rate**.

or Disability assistance for children & young people by virtue of entitlement to the **Mobility Component at the Higher Rate**

or A War pensioners' mobility supplement or Armed Forces Independence Payment.

or A confirmation letter to claim vehicle road tax classification status 'Disabled' and vehicle registration number under a **Motability Vehicle Lease Agreement** within the last 3 years.

or A V5 vehicle registration document for the vehicle listed above that shows the **road tax classification 'Disabled'**.

5 Please sign below to confirm your application and that you have read the terms and conditions, you are also signing to give permission for the persons details in section 6 to speak on your behalf.(If the applicant is under 13 a parent /guardian signature is required giving consent to the applicants data being used to complete this application).

Signature :		Date :		By signing this form, you consent to your data being used to complete your application for a Mobility Exemption.
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Please email the application with relevant documents at mobilitypass@m6toll.co.uk
 Alternativley please post this form along with **COPIES** of the relevant documents to:
 ME Team, Midland Expressway Ltd, Express Way, Weeford, Lichfield,WS14 0PQ



6 About the applicants representative *Please print clearly in block capitals*

Company (If Applicable)	
First Name	
Surname	
Title e.g. Mr, Mrs Ms	
Address	
Town/City	
County	
Post Code	
Telephone No.	
Email address	
Date of Birth	
Relation	