



**M6toll Mobility Exemption Pass Application Form**  
**INCOMPLETE APPLICATIONS WILL BE RETURNED FOR RE-SUBMISSION.**

A Mobility Exemption Pass will be issued to use on the M6toll for the person and vehicle nominated below. For further information, please visit [www.m6toll.co.uk](http://www.m6toll.co.uk) or contact our Mobility Exemption Pass Team on 0330 660 0790 / [customer.services@m6toll.co.uk](mailto:customer.services@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	
Current Mobility Exemption Pass Number	

**2 Vehicle details:**

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

**3 Information to be sent with this application**

**3.1** A recent passport sized photograph. Please write the applicant's name on the back of the photograph.

**3.2** **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** .

**3.3** If this application is being made on behalf of someone, or a Power of Attorney is held,  
Please enclose copies of at least one documentation from **Section 4** and **COMPLETE** details in **section 7 overleaf**.

**Please include evidence of the applicant receiving one of the below:**

**4** The lower or higher rate mobility component of Disability Living Allowance, (dated within last 2 years).  
**or** Entitled to at least the standard mobility component of the (PIP) Personal Independence Payment, (dated within last 2 years).  
**or** Higher rate Attendance Allowance, (dated within last year).  
**or** A war pensioners' mobility supplement or Armed Forces Independence Payment.

**5** **FOR COMPANY APPLICATIONS ONLY:** Please include a copy of the V5 vehicle registration certificate for the vehicle listed above, a copy of the company logo, and contact details.

**6** 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 7 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 :	
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Please post this form along with **COPIES** of the relevant documents to:  
MEP Team, Midland Expressway Ltd, Express Way, Weeford, Lichfield,WS14 0PQ



**7 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	