



Transport Malta

POLICY FOR 1.5mtrs KEEP CLEAR BAYS FOR BLUE BADGE HOLDERS

1st March 2025 (supersedes the ones of 1st July 2024, 01/03/2023 and 1st November 2018)

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1.0 Administrative Procedure

Definition: **1.5mtrs Keep Clear Bay**, means a designated Space in front of a residence for persons with disability requested by a Local Council or by any citizen or organisation which than must be authorised by Transport Malta.

1,1 The procedure for 1.5mtrs Keep Clear Bays for Blue Badge Holders is managed and administered by the Traffic Management Division (TMD) within Transport Malta.

1.2 1.5mtrs Keep Clear Bays for Blue Badge Holders can only be processed on e-forms: <https://workflow.gov.mt/RuntimePublic/Runtime/Form/Reserved+Parking+for+Disabled+Blue+Badge+Holders/>

1.3 Queries are to be sent by post to Transport Malta, Traffic Management Division, Second Floor, Triq Pantar Lija, LJA 2021 or by email: bluebadgeholders.tm@transport.gov.mt.

1.4 The Traffic Management Division will consider applications for Keep Clear Bays for Blue Badge Holders as submitted by the applicant according to the Eligibility Criteria as stated below.

1.5 The Traffic Management Division's decision is final.

2.0 Eligibility Criteria for implementation of a 1.5mtrs Keep Clear for Blue Badge Holders

The following criteria has been drawn up for eligibility of a 1.5mtrs Keep Clear Bay for Blue Badge Holders where such bay may be used only for the Blue Badge Holder residing in front of the reserved area as follows.

- 2.1 The 1.5mtrs Keep Clear Bay can only be implemented on suggested areas by Transport Malta or by the Local Councils.
- 2.2 The approved 1.5mtrs Keep Clear Bay for Blue Badge Holders will be implemented in front of the residence and will be marked with the international access icon in white on a blue background in a box with a blue outline.
- 2.3 Where there is no approved Reserved Parking Bay for the Blue Badge Holder at the residence/habitation of the Person with Disability.
- 2.4 Where there is a need for extra space to an approved reserved parking space for a Wheelchair Vehicle.
- 2.5 Each 1.5mtrs KEEP CLEAR BAY permit may be reviewed by the Traffic Management Division as required.

3.0 Criteria for the Withdrawal of an Approved 1.5mtrs Keep Clear Bay, Temporary or Permanent for Blue Badge Holders:

The criteria for the withdrawal of the approval of an approved 1.5mtrs Keep Clear Bay, temporary or permanent to a blue badge holder may be any one or more of the following:

- 3.1 Other non-authorized people and/or vehicles and/or objects are allowed to use the Keep Clear Bay.
- 3.2 The registered applicant for the bay is not making use of the Keep Clear Bay.
- 3.3 In the event of any other case of abuse.
- 3.4 The Blue Badge Holder has passed away or is living in a communal home.

When the Traffic Management Division has proof of the abuse, the concession for the Keep Clear Bay is withdrawn and the original applicant, Agenzija Sapport and the local council will be notified in writing.

Applikazzjoni għall 1.5mtrs Keep Clear Bay għal min għandu l-Blue Badge

Informazzjoni dwar l-applikant

Kunjom _____ Isem _____

Indirizz _____

Lokalita _____

Data tat-twelid _____ Tel/Mob No _____

Numru tal-Blue Badge _____ Numru tal-Karta ta' l-Identita' _____

Indirizz Elettroniku _____

Detalji tal-persuna li qegħda timla din l-applikazzjoni (jekk mhix l-applikant)

Kunjom _____ Isem _____

Indirizz _____

Lokalita' _____

Data tat-Twelid _____ Tel/Mob No _____

Numru tal-Karta ta' l-Identita'/Passaport _____

X'tigi mill-applikant _____



Transport Malta

Informazzjoni dwar il-kundizzjoni medika (fejn huwa applikabbli)	IVA	LE
L-Applikant juza sigġu bir-roti għall mobilita' tiegħu u jsuq vettura modifikata apposta li tinstaq biss mid-detenitur tal-Blue Badge?		
L-Applikant għandu nuqqas fiziku fit-tul u sostanzjali li jkun jirrizulta fl-inabilita' assoluta li jimxi aktar minn għoxrin (20) metru?		
L-Applikant għandu kundizzjoni li jekk jimxi aktar minn għoxrin (20) metru dan jista' jkun ta' theddida għal hajtu u, jew ta' detriment qawwi għas-saħħa u l-benesseri tiegħu?		
L-Applikant għandu diżabilita' mentali, intelletwali jew psikosoċjali fit-tul li timmanifesta, <i>inter alia</i> , f'imġieba ta' thassib u li minhabba tali imġieba huwa jirrikjedi sapport uman kontinwu?		

Logistika (Immarka fejn japplika)	IVA	LE
L-entrata ta' l-applikant qegħda tkun ostakolata minn xi tip ta' vettura jew oġġett?		
L-Applikazzjoni qed tintalab għal residenza fis-sajf/xitwa		

Dokumenti mitluba:

- Kopja tal-Karta ta' l-identita' jew tal-Passaport.
- Kopja tal-Karta ta' l-Identita' jew tal-Passaport tal-persuna li qegħda timla din l-applikazzjoni f'isem l-applikant.
- Kopja tal-Karta ta' l-Identita' jew tal-Passaport tal-propjetarju tal-vettura (jekk l-applikant m'għandux vettura).
- Kopja tal-Blue Badge ta' l-applikant maħruġa mill-Aġenzija Sapport (aktar informazzjoni tinstab fl-anness sit) https://sapport.gov.mt/wp-content/uploads/2024/01/Application-for-EU-Disability-Card-Blue-Badge_EN.pdf
- Rapport mediku minn tabib liċenzjat (formola provduta minn Transport Malta) datat mhux eqdem minn xagħharejn mis-sottomissjoni tal-applikazzjoni

Dikjarazzjoni

Jiena nikkonferma li l-informazzjoni li ipprovdejt hija korretta u li jiena se ninforma lill-Awtorita' tat-Trasport mingħajr dewmien jekk l-informazzjoni li qiegħed ngħaddi ma tibqax valida.

Jiena qiegħed nifhem li l-Awtorita' tat-Trasport qegħda ttrisserva d-dritt li tirtira l-permess mingħajr avviz jekk jirrizulta li l-informazzjoni mgħoddija mhix korretta.

Jiena _____ nikkonferma li qrajt u fhimt il-kontenut kollu u filwaqt li qed napplika għall-1.5mtrs Keep Clear Bay u niddikjara li l-informazzjoni kollha li għaddejti hija korretta.



MEDICAL REPORT – PERSONALISED RESERVED PARKING FOR BLUE BADGE HOLDERS APPLICATION

This information must be filled by a licenced medical doctor.

Applicant’s name and surname: _____

Applicant’s ID card number: _____

Applicant’s age: _____ years

Medical doctor’s name and surname: _____

Medical doctor’s registration number: _____

Medical doctor’s specialisation: _____

List of diagnosed medical conditions(s) in order of the extent to which these affect the applicant’s mobility and/or behaviour that could be of danger to self and/or others, if at all:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

For each of the diagnosed medical condition(s) listed above, indicate whether or not medical images or reports certifying these conditions are available, and whether or not, and if so, which of these, are being submitted with this application as evidence:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Give a clear and accurate explanation of the applicant's disability, vis-à-vis the applicant's request for a Personalised Reserved Parking for Blue Badge holders:

Personalised Reserved Parkings for Blue Badge holders are regulated by national legislation – Legal Notice 113 of 2024. For each of the below medical eligibility criteria, indicate whether or not you have assessed the applicant, and whether or not you can certify that the applicant meets these criteria:

- *A substantial and long-term physical impairment that results in:*

○ *An absolute inability to walk more than twenty (20) metres.*

- Applicant assessed? Circle: Yes OR No
 - Applicant meets the criteria? Circle: Yes OR No
 - Any evidence being submitted? Circle: Yes OR No
 - If yes for any of the above, at what age did the disability start? ___ years
 - Other comments: _____
-

○ *A condition wherein if the applicant walks for more than twenty (20) metres, this could be life threatening and/or severely detrimental to the applicant's health and well-being.*

- Applicant assessed? Circle: Yes OR No
 - Applicant meets the criteria? Circle: Yes OR No
 - Any evidence being submitted? Circle: Yes OR No
 - If yes for any of the above, at what age did the disability start? ___ years
 - Other comments: _____
-

- *A long-term mental, intellectual or psychosocial disability manifesting, inter alia, in behaviour of concern, and due to such behaviour he requires continuous human support.*

▪ Applicant assessed? Circle: Yes OR No

▪ Applicant meets the criteria? Circle: Yes OR No

▪ Any evidence being submitted? Circle: Yes OR No

▪ If yes for any of the above, at what age did the disability start? ___ years

▪ Other comments: _____

Doctor's official stamp:

Doctor's signature: _____

Date: _____