

# User Manual – Blue Badge Application (Renewal)

Commission for the Rights of Persons with Disability



This manual was developed by Commission for the Rights of Persons with Disability (CRPD) to help you fill an online application for Blue Badge (Renewal) in a complete and correct manner.

Note: This manual was written for information purposes and does not have any legal strength whatsoever.

## For More Information



CRPD  
G5 Offices, Salvu Psaila Street  
Birkirkara BKR 9077



Freephone 153  
Tel. 2226 7600



[helpdesk@crpd.org.mt](mailto:helpdesk@crpd.org.mt)

Pursuant to the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586.), we have a legal duty to respect and protect any personal information we collect from you and we will abide by such duty. We take all safeguards necessary to prevent unauthorised access and we do not pass on your details collected from you as a visitor and/or user, to any third party unless you give us your consent to do so or as authorised by law.

Data provided by you will be treated in the strictest confidence, and may be retained by Commission for the Rights of Persons with Disability (CRPD) or transferred to third parties in order to provide you with the best possible service or otherwise as required by law. Data about you may also be collected from third parties for these purposes. Please note that, in compiling this form, you should provide personal data that is correct and you should inform CRPD of any alterations and updates to your personal data.

You have the right to require access to your personal data as held by CRPD, and eventually to rectify, and where applicable to erase incorrect information. Such a request is to be addressed to "The Data Controller" CRPD, G5 Offices, Salvu Psaila Street, Birkirkara BKR 9077 or by e-mail to [dataprotection@crpd.org.mt](mailto:dataprotection@crpd.org.mt) and appropriate action would be taken at the earliest possible time. In making a such request, kindly quote your identity card number; your name and address and other relevant documentation to identify your case.

## General Instructions

Kindly ensure that the requested documentation is available before you start filling in the application.

- 1) **Passport Photo** – required documentation
- 2) **Medical Certificate** - needs to be downloaded & printed, completed and uploaded in the online application – required documentation

To submit your application, you will need to fill in the required details. The mandatory fields are marked with a red asterisk (\*). There are seven (7) field types which are explained on page 4. The requested details are listed on pages 5 - 7.

When all the required details are filled in, you may submit the application by clicking on the '**SUBMIT**' button at the bottom of the page.

## Field Types

Field Type	How it Looks	How to Enter Data	How to Delete Data
Checkbox	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Click once on the empty box representing a desired option. You may select as many as you wish	Click on the ticked box representing the option you want to deselect
Numeric Textbox	<input type="text"/>	Click on the textbox and simply type in. Only numbers are accepted	Click on the x button (Internet Explorer Only) on the top right-hand corner to remove all content or use the Backspace/Delete key to delete accordingly
Textbox	<input type="text"/>	Click on the textbox and simply type in	Click on the x button (Internet Explorer Only) to remove all content or use the Backspace/Delete key to delete accordingly
Text Area	<input style="width: 100%; height: 50px;" type="text"/>	Click on the text area and simply type in	Use the Backspace/Delete key to delete accordingly
File	<p>In Google Chrome:</p> <div style="text-align: center;"><input type="button" value="Choose File"/></div> <p>In Internet Explorer:</p> <div style="text-align: center;"><input type="text" value="Browse..."/></div>	Click once on the button. A dialog box will appear which enables you to search for the file. When you locate the file, double click on it (or else click once on the file and proceed to select 'Open'). The dialog box will close, and the name of the uploaded file will appear adjacent to the button	<p>In Google Chrome: Click once on the button. A dialog box will appear. Hit the 'Esc' button on the keyboard (or click on 'Cancel' button).</p> <p>In Internet Explorer: Drag the mouse to highlight the text identifying the file name and press the Backspace/Delete key.</p> <p>You will notice that the name of the file is no longer displayed adjacent to the 'Choose File' button</p>
Dropdown	<input type="text" value="▼"/>	Click on the dropdown and select the option	Click on the dropdown list and select the blank option
Date	<input type="text"/>	Click on the textbox and enter date. The date should be in DD/MM/YYYY format. (e.g. 30/12/1986)	Click on the x button (Internet Explorer Only) on the top right-hand corner to remove all content or use the Backspace/Delete key to delete accordingly

## Requested Details

Field Name	Field Type	Required
Please Select (application on own behalf or application on behalf of another person)	Dropdown	Yes

## Applicant's Details

Field Name	Field Type	Required
Identity Card Number	Textbox	Yes
Name	Textbox	Yes
Surname	Textbox	Yes
Date of Birth (DD/MM/YYYY)	Date	Yes
Gender	Dropdown	Yes

## Contact Details

Field Name	Field Type	Required
Address	Text Area	Yes
Country	Dropdown	Yes
Contact Number	Numeric Textbox	No

Field Name	Field Type	Required
E-mail	Textbox	No

### Parent's or Guardian's Details

Field Name	Field Type	Required
Identity Card Number	Textbox	Yes, if you know identity card number of parent or guardian
Name	Textbox	Yes, if you know name of parent or guardian
Surname	Textbox	Yes, if you know surname of parent or guardian
Relationship	Dropdown	Yes, if you know relationship (parent or guardian)

### Other Information

Field Name	Field Type	Required
Services and Benefits booklet	Dropdown	Yes, if you have services and benefits booklet
Language or Audio	Dropdown	Yes, if you have language or audio
Other Information issued by CRPD	Dropdown	Yes, if you have other information issued by CRPD
Other Information issued by third parties	Dropdown	Yes, if you have other information issued by third parties

Select	Dropdown	Yes, if you give consent for the information provided in this form to be shared by CRPD with other government departments, authorities, agencies or entities with the aim to facilitate the provision of services related to, but not limited to, employment, education, housing and social benefits. You understand that CRPD will not disclose unnecessary information to other entities, and this will be done in conformity with the Data Protection Act, Chapter 440 of the Laws of Malta and Regulation (EU) 2016/679
--------	----------	---

### Necessary Documents

Field Name	Field Type	Required
Passport Photo	File	Yes
Medical Certificate	File	Yes
I confirm that the details given are true and correct	Checkbox	Yes

Once details have been entered, click on the 'SUBMIT' button, after which you will be greeted with 'The Application was Submitted. Thank you'.