



# Waiver of Residency Application Form

## Disabled Drivers / Passengers (Tax Concessions) Regulations 1994

### APPLICANT

Name:

PPSN: 

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Address:  
(include  
Eircode)

### PRIMARY MEDICAL CERTIFICATE HOLDER

Name:

PPSN: 

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Address:  
(include  
Eircode)

I, ..... (applicant) wish to apply for waiver of the residency requirement under the above regulations, as per section 7.2 of Information Booklet VRT 7

Signature: .....

Date: .....

Supporting documentation from at least two sources confirming that the applicant is responsible for the transport and care of the Primary Medical Certificate holder should be submitted with this application.

Suggested sources:

1. Social Worker.
2. G.P.
3. Garda Authorities.
4. Nursing Home (dates of transport for previous twelve months to be included).
5. Department of Social Protection (Carers Allowance recipient).

The completed application form should be sent to the Central Repayments Office via MyEnquiries or to the postal address below:

**FREEPOST**  
**Office of the Revenue Commissioners**  
**Central Repayments Office**  
**Sarsfield House**  
**Francis Street**  
**Limerick**  
**V94 R972**

The Revenue Commissioners collect taxes and duties and implement customs controls. Revenue requires customers to provide certain personal data for these purposes and certain other statutory functions as assigned by the Oireachtas. Your personal data may be exchanged with other Government Departments and agencies in certain circumstances where this is provided for by law. Revenue's data protection policy and information on your data protection rights are available on [www.revenue.ie](http://www.revenue.ie)