



APPLICATION FOR FRONTIER PASS

NameD.O.B.....

Address.....

Telephone No Email.....

Diagnosis:

How does the applicant's disability affect them on a day to day basis?

What challenges could be experienced if the applicant was subjected to waiting in a queue?

Maximum time that the applicant could wait in a queue?

What challenges could be experienced by the applicant travelling in a vehicle?

Supported Needs and Disability Office

HM Government of Gibraltar • 955 Europort • Gibraltar GX11 1AA

t +350 20046253 (Centrex 1954) e sendoffice@gibraltar.gov.gi w <https://disability.gov.gi>



Maximum time that the
applicant could travel in a
vehicle?

Applicant's/ Legal Guardian's Signature

Doctor's NameDate.....

Doctor's Signature.....

Medical stamp

For Office Use

- Passport photograph
- Copy of ID Card/ Passport.
- Medical Letter (dated within last six months).

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