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## Disability Toll Application Form

Please complete in full to avoid delays in processing your application.

**First Name:**

**Surname:**

**Your Address:**

**Email Address:**

**Mobile Number:**

**Vehicle Registration:**

**Additional Comments::**

**NB\*** Please remember to attach your VRT7 Cert to This Document and post to  
EA House, Damastown Road, Mulhuddart, Dublin 15.\*