

# Disabled Persons Travel Pass Application Form

If you live in Merseyside and have a disability that qualifies under the Transport Act 2000, you can apply for a Disabled Person's Travel Pass using this form.

Please carefully read through the whole form before completing. When you're ready, fill out this form in **CAPITAL LETTERS**. Don't forget to attach a passport style full-colour photograph in the space provided.

## Section 1 – Your Details

First name	<input type="text"/>		
Last name	<input type="text"/>		
Address	<input type="text"/>		
Town / City	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/>		
Email address	<input type="text"/>		
Date of birth (dd-mmm-yyyy)	<input type="text"/>		

## Section 2 – Declaration

I confirm the above information is correct and acknowledge that Merseytravel will use this information to check my eligibility and process my application for a travel pass. I understand that Merseytravel has a duty to protect public funds so may use or share my information with other bodies responsible for auditing and administering public funds to detect and prevent fraud for the period during which I am entitled to hold a valid pass. For full details of the General Data Protection Regulations and full Terms and Conditions of the Concessionary Travel Scheme, please go to [www.merseytravel.gov.uk](http://www.merseytravel.gov.uk)

Signed  Date

If signed on behalf of the applicant, please provide your name and relationship to the applicant

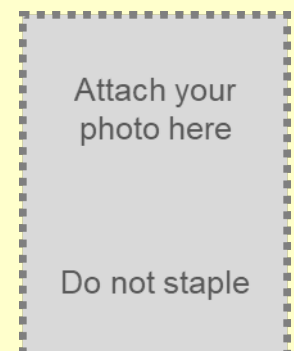
From time to time we (or agents acting on our behalf) may contact you for customer research or to send you extra information which may be of interest to you. If you do want us to contact you, please tick the box.

## Section 3 – Your Photograph

Your photograph should meet the following guidelines to help us process your application smoothly.

- It should be a recent and clear likeness of you
- The photo should be full colour and in focus
- You should be facing the camera directly
- Your full face should be visible, no sunglasses
- No headwear, unless worn for religious or medical reasons

Make sure to write your name and date of birth in **CAPITAL LETTERS** on the back of your photograph.



## Section 4 – Proof of your identity and address in Merseyside

To apply for a concession travel pass, you must live in the Merseyside region - this includes Knowsley, Liverpool, Sefton, St Helens, or Wirral. This is the local authority who you pay council tax to.

To confirm your identity, date of birth and address, please send a **copy** (not the original) of **one** document from **Group A** and **one** from **Group B** listed below.

### A Group A – proof of your identity and date of birth

Please send a copy of **one** of the documents listed below. Tick the box to show which document you are using.

- Birth Certificate
- Valid UK or international passport
- UK photocard driving licence (full or provisional)
- Proof of Age cards or any card with the **PASS** logo
- Application Registration Card (ARC) issued by the Home Office

If your name is different from the one shown on any of your award letters or supporting evidence, that's okay — we just need a copy of an official document that shows your name change.

This could be a marriage certificate, divorce document, official deed poll, adoption certificate, or another official document.

### B Group B – proof of your address

Please include a copy of **one** official document that shows your current address. It should be dated within the last 12 months or from this year. Tick the box to show which document you are using.

- Utility bill (e.g. gas, electricity, water)
- Local Council Tax statement (from Knowsley, Liverpool, Sefton, St Helens, or Wirral)
- Letter from the Department for Work and Pensions (DWP)
- Statement from your bank or building society
- Official tenancy agreement

**Please Note:** If you are currently in temporary accommodation (e.g. hostel, shelter, hotel etc) that is classed as your main or sole place of residence within Merseyside, you will need to provide either a letter from the establishment, local authority or government department confirming your stay and duration at the accommodation. In addition, you will need to provide either a bank statement, benefits letter or another official letter clearly showing your name **and** the address of the temporary accommodation.

### Please send copies – not originals.

You do **not** need to send original documents. Photocopies or scanned copies are **perfectly fine**. All evidence is securely destroyed when your application is completed, **we cannot send back originals**.

## Section 5 – Qualifying Categories

**Important: You can only apply for a Disabled Person’s Travel Pass under ONE category.**

Please tick the box (below) that best describes your disability. Each category includes a definition from the Department for Transport (DfT) to help you choose the right one. Scan the QR (right) to view the full eligibility criteria, including automatic eligibility based on state benefits.



You only need to complete the section of the form that applies to you and not all 7 categories.

**Please select ONE of the categories below to indicate the type of application you are submitting. We cannot process your application unless a category is selected.**

### I am blind or partially sighted (category A)

**Go to Section 6** (page 4)

Blind (Severely Sight Impaired): This means having significant vision loss, resulting in seeing much less than what is considered normal, or possibly having no sight at all.

Partially Sighted (Sight Impaired): This refers to a milder vision loss. Those who are partially sighted can see more than those who are severely sight impaired but less than someone who sees normally.

### I am profoundly or severely deaf (category B)

**Go to Section 7** (page 4)

Hearing loss is measured in decibels across the normal hearing spectrum, as dB HL (hearing level). People are generally regarded as having a severe hearing loss if it reaches 70 to 95 dB HL and a profound loss if it reaches 95+ dB HL in both ears.

### I am without speech (category C)

**Go to section 8** (page 4)

Included within this category are those people unable to communicate orally in any language. Those people will be unable to make clear basic oral requests or to ask specific questions to clarify instructions.

### I have difficulty walking (category D)

**Go to section 9** (page 5)

To qualify under this category, a person would have to have a long term and substantial disability that means they cannot walk, or which makes walking very difficult.

### I have lost the use of both arms (category E)

**Go to section 10** (page 5)

This category includes people with a limb reduction deficiency of both arms – bilateral upper limb amputation, muscular dystrophy, spinal cord injury, motor neurone disease or a condition of comparable severity.

### I have a severe learning disability (category F)

**Go to section 11** (page 6)

A person with a severe learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills, and would be unable to cope independently. These disabilities **must** have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services, and they may have, or have had, special educational provision.

### I am unable to drive for medical reasons (category G)

**Go to section 12** (page 7)

The DVLA may refuse to issue a driving licence on the grounds of a person’s medical fitness. Those who are currently barred from holding a licence include people with:

- epilepsy (unless it is of a type which does not pose a danger)
- severe mental disorder (you need to complete a **G2 Form** available for download online at [merseytravel.gov.uk](https://merseytravel.gov.uk) or you can collect a paper copy by visiting a Merseytravel Centre)
- liability to sudden attacks of giddiness or fainting (whether because of cardiac disorder or otherwise)
- inability to read a registration plate in good light at 20.5 metres (with lenses if worn)
- other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public

**Please Note:** People who persistently use and misuse, or whose disability has been caused using drugs or alcohol are not covered by this category and are not entitled to a concession travel pass.

## Section 6 - Blind or Partially Sighted (Category A)

Do you have a certificate of visual impairment (CVI)?  Yes  No

Are you registered as blind or partially sighted with your local authority?  Yes  No



If **Yes**, to any of the above questions. Please send us a copy of at least one of the following documents:

- Your certificate of visual impairment (CVI)
- Proof of your registration status with your local authority (usually a registration card or letter)



**Now, go to page 14 for Section 13 – What to do next**

## Section 7 - Profoundly or Severely D/deaf (Category B)

Are you profoundly or severely deaf in **both** ears?  Yes  No

Are you registered as profoundly or severely deaf with your local authority?  Yes  No



To qualify under this category, you will need to send us a copy of at least one of the following documents:

- Proof of your registration status with your local authority (usually a registration card or letter)
- A letter from an audiologist specialist confirming in writing that you are profoundly or severely deaf, indicating a hearing loss at 70 decibels or more in **both** ears.

**Please note:** an audiogram (graph) cannot be accepted as evidence for this category.



**Now, go to page 14 for Section 13 – What to do next**

## Section 8 - Without Speech (Category C)

**Please Note:** This section only applies to people who cannot speak (in any language). It does not include people whose speech is slow or difficult to understand, for example due to a severe stammer.

Are you unable to speak?  Yes  No

Do you have a permanent condition that causes you to be without speech?  Yes  No

Do you receive Personal Independent Payment (PIP)?  Yes  No

If **Yes**, do you get **8 points** or more **communicating verbally**?  Yes  No

If **Yes** to the above, you will need to send us a full copy of your PIP award letter, showing all pages including your name, address and clearly showing the points you have been awarded for all categories. If you have lost the letter, you can get a replacement by calling the Department for Work & Pensions (DWP) on 0800 121 4433



To qualify under this category, you will need to send us a copy of at least one of the following documents:

- A letter from your GP, consultant or speech therapist, dated within the last 12-months and confirming that you cannot speak
- Full copy of your PIP award letter, showing all pages including your name, address and clearly showing the points you have been awarded for all categories. You must have at least **6 months** left of the award.



**Now, go to page 14 for Section 13 – What to do next**

## Section 9 - Walking Difficulties (Category D)

Do you receive War Pensioner's Mobility Supplement (WPMS)?  Yes  No

If **Yes**, you will need to provide a copy of a letter from the Service Personnel and Veterans Agency (SPVA) confirming that you are entitled to this supplement. The letter must be dated within the last 12 months. If you have lost the letter, you can get a replacement by contacting the agency on 0800 169 22 77.

Do you receive Personal Independent Payment (PIP)?  Yes  No

Do you get **8 points** or more for **Moving Around**?  Yes  No

If **Yes** to the above, you will need to send us a full copy of your PIP award letter, showing all pages including the reference number shown on each page, your name, address and clearly showing the points you have been awarded for **all** categories. You must have at least **6 months** left of the award. If you have lost the letter, you can get a replacement by calling the Department for Work & Pensions (DWP) on 0800 121 4433

Do you get the Higher Rate Mobility component of Disability Living Allowance?  Yes  No

If **Yes**, have you been awarded this indefinitely?  Yes  No

If **No**, what date is your benefit due to end?

If **Yes** to the above, you will need to send us a full copy of the most recent letter from the Department for Work and Pensions (DWP) that details your award. This letter should clearly show your name, address, the date and level of your award (confirming the higher rate mobility component), and its duration. If you don't have this letter, you can obtain a new one by contacting the DWP directly on 0800 121 4600.

In the blue box below, tell us the medical names of any conditions you have been diagnosed with

In the blue box below, tell us about any medical condition or disability which affects your walking



**Now, go to the Supplementary information for Section 9 – difficulty walking (category D) and complete pages 9 to 13**

## Section 10 - Without the Use of Both Arms (Category E)

Do you have a limb reduction deficiency of both arms?  Yes  No

Have you lost both of your arms due to amputation?  Yes  No

Have you been diagnosed with muscular dystrophy?  Yes  No

Do you have a spinal cord injury that affects your mobility?  Yes  No

Do you have a diagnosis of motor neurone disease (MND)?  Yes  No

Do you have a condition that is of similar severity to those listed above?  Yes  No

If **Yes**, tell us what condition it is:



To qualify under this category, you will need to send us a copy of at least one of the following documents:

- A letter from your GP or consultant, dated within the last 12-months, confirming the loss of use of both arms.



Now, go to page 14 for Section 13 – What to do next

## Section 11 - Severe Learning Disability (Category F)

Based on guidance provided by the Department for Transport (DfT), a person with a learning disability has a reduced ability to understand new or complex information. They will have difficulty in learning new skills and may be unable to cope independently. These disabilities must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services, and they may have, or have had, special educational provision.

Do you have a diagnosed learning disability?

Yes  No

If **Yes**, at what age was you diagnosed with your learning disability?

In the blue box below, tell us more about your learning disability:

Do you have a support plan in place issued by the **Adult Social Care Team** or **Children's Disability Service** from your local authority?

Yes  No

If **Yes**, in the blue box below, tell us the name of your social worker and their contact details:

Do you receive the **higher-rate mobility component** of the **Disability Living Allowance**?

Yes  No

If **Yes** to the above, you will need to send us a full copy of the most recent letter from the Department for Work and Pensions (DWP) that details your award. This letter should clearly show your name, address, the date and level of your award (confirming the higher rate care component), and its duration. If you don't have this letter, you can obtain a new one by contacting the DWP directly on 0800 121 4600.

### The following questions are for children aged 5 to 18 years old only

Do you attend a school that specialises in supporting people with learning disabilities?

Yes  No

If **Yes**, in the blue box below, tell us which school, your academic ability and describe any extra help you receive at the school:

Do you have an Educational Health Care Plan (EHCP) / statement of special educational needs or an education plan confirming a learning disability?

Yes  No

Do you have a consultant paediatrician?


Yes  No

## Supporting evidence for your application

To qualify under this category, you will need to send us a copy of at least ONE of the following documents. Please tick the box to show which document(s) you are sending:

- Support plan from Social Services
- Education, Health and Care Plan (EHCP) or a statement of special educational needs
- Educational Psychologist report that indicates complex intellectual and social needs
- A full copy of the award letter showing that you get the higher-rate mobility component of the DLA.

**Please Note:** any letter must be from a registered medical professional or specialist service, dated within the last 12-months and clearly stating the severity of any learning disability. A letter advising that the applicant has a 'learning disability' is not sufficient evidence to support this application.

 Now, go to page 14 for Section 13 – What to do next

## Section 12 - Unable to drive due to a medical condition (Category G)

- Do you currently have a full or provisional UK or International driving licence?  Yes  No
- Have you ever been refused a driving licence for reasons other than persistent misuse of drugs or alcohol?  Yes  No

If Yes, please confirm the date that your driving licence was refused:

### If you answered YES to either question above:

You must send us a letter from the DVLA confirming that your driving licence has been withdrawn or your application was refused due to medical reasons. If the DVLA letter doesn't explain the medical reason for this, you'll also need to provide a separate and current letter from your GP or consultant that clearly states the reason.

### If you answered NO:

On the next few pages, please tick the box next to the medical condition that means you're not fit to drive.

## Epilepsy or sudden attacks of fainting or giddiness

### Please tick the box next to the relevant condition:

- The nature of your condition is **uncontrolled epilepsy**
- The nature of your condition is **sudden attacks of fainting or giddiness**

How many years have you been having attacks?

How often do you have attacks?

Please confirm the date of your last seizure or attack:

In the blue box below, please give details of medication or treatment – **this must be supported by providing a copy of your prescription dated within the last 6 months**



Send us medical evidence from a consultant neurologist, epilepsy nurse or your GP dated within the last 12 months, alongside a copy of your prescription showing any medication or treatment. Any evidence must clearly state that you're not fit to drive.



Now, go to page 14 for Section 13 – What to do next

### Restricted field of vision or inability to read a registration plate



**Please note:** If you wear glasses or contact lenses, your ability to read a standard number plate from a distance of 20.5 metres must be assessed while using them. This test should be conducted in good daylight conditions to ensure accuracy and compliance with DVLA vision standards.



Please provide proof, dated within the last 12-months, from an optometrist or consultant ophthalmologist.



Now, go to page 14 for Section 13 – What to do next

### Other medical conditions or disabilities that may significantly affect your ability to drive safely and could pose a risk to yourself or others on the road.



In the blue box below, provide details of your disability and how this prevents you from being able to drive:



Please provide proof from a registered medical specialist or occupational therapist who specialises in the relevant field. This evidence must be dated within the last 12-months.



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# Supplementary information for Section 9 – difficulty walking (category D)

**Only fill in this extra information if you're applying because you have difficulty walking and you've answered questions in Section 9. (page 5)**

Please make sure everything you tell us is accurate and gives a clear picture of your medical condition and how it affects your ability to walk. We'll review all information provided. Based on what you tell us, along with the supporting medical evidence provided, we might ask you to attend a medical assessment with an Independent Medical Assessor.

For each medical condition or disability that you've listed in Section 9 (page 5), please tell us about any operations, treatments, or specialist clinics you've been to. If you can, include the dates.

You must send us the documents that support your answers in Section 9. You must provide detailed letters from your GP, consultant, another registered medical professional and specialist service, and copies of recent prescriptions (dated within the last 6 months)

**In the blue boxes below, tell us about any surgery, treatments or support from a specialist clinic you have had in relation to your walking difficulty.**

Surgery, treatment or specialist clinic	Date treatment received

**What medication do you currently take for the conditions or disabilities you described above?**

Medication	Dose

**Please tick the statements below that apply to you.**

- I am waiting for surgery for any of the conditions described above.
- I am recovering from surgery for any of the conditions described above.
- I am waiting for treatment for any of the conditions described above.
- I am managing my condition or disability, as I have been told it is not expected to improve any further
- None of the above apply.
- Do you expect that your condition or disability will improve in the next 3 years?  Yes  No
- Are you currently taking any pain relief for the conditions or disabilities you have mentioned?  Yes  No

If **Yes**, in the blue box below, tell us what you are taking and often you need it:

**Please tick the statements below that best describe your walking ability:**

- I **am able** to walk well, including walks for leisure.
- I **am able** to walk around the supermarket to do my own shopping.
- I **am able** to walk and can use public transport for some of my local trips
- I **am able** to walk, but struggle with longer distances or hills.
- I **am able** to walk but get breathless if I walk for more than a few minutes.
- I **am able** to walk but find it too painful to walk more than a few minutes.
- I **am able** to walk but use a wheelchair for longer trips outside the home.
- I **am able** to walk around my home but am unable to climb the stairs.
- I **am unable** to walk at all
- Other - please describe below.

In the blue box below, tell us how the conditions or disabilities described affect your ability to walk?

**Please tick the box below that best describes the way you walk.**

- Normal** – no specific problems with walking.
- Adequate** – for example, you walk with a slight limp.
- Poor** – for example, you walk with a heavy limp or stiff leg, or you shuffle or have problems with balance
- Extremely Poor** – for example, you drag your leg, stagger, swing through two crutches or need physical support.

If none of these options describes the way you walk, in the blue box below please give more detail:

**Do you use any of the following walking aids? (You can tick more than one box.)**

- |                    |                          |                                      |                          |
|--------------------|--------------------------|--------------------------------------|--------------------------|
| One elbow crutch   | <input type="checkbox"/> | Rollator frame                       | <input type="checkbox"/> |
| Two elbow crutches | <input type="checkbox"/> | Wheelchair                           | <input type="checkbox"/> |
| One walking stick  | <input type="checkbox"/> | I need someone to push my wheelchair | <input type="checkbox"/> |
| Two walking sticks | <input type="checkbox"/> | Other – please describe below        | <input type="checkbox"/> |
| Walking frame      | <input type="checkbox"/> |                                      |                          |

If you ticked **Other**, please provide more detail in the blue box below:

**Who provided your walking aid?**

- |   |                          |
|---|--------------------------|
| Social services                           | <input type="checkbox"/> |
| Healthcare professional                   | <input type="checkbox"/> |
| I bought it myself                        | <input type="checkbox"/> |
| Other (please give further details below) | <input type="checkbox"/> |

If you ticked **Other**, please provide more detail in the blue box below:

**Please tick below how often and where you use this equipment.**

- |   |                          |
|---|--------------------------|
| I only use the equipment <b>sometimes</b> | <input type="checkbox"/> |
| I use the equipment <b>always</b>         | <input type="checkbox"/> |
| I use the equipment <b>indoors</b>        | <input type="checkbox"/> |
| I use the equipment <b>outdoors</b>       | <input type="checkbox"/> |

Are you able to walk outside without help?  Yes  No

If you ticked **No**, in the blue box below please tell us about the help you need:

**Please answer Yes or No to each of the following questions by ticking the relevant box.**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you get short of breath when hurrying on level ground or walking up a slight hill? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you get short of breath walking with other people of your own age on level ground? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have to stop for breath when walking at your own pace on level ground?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you get too breathless to leave your home, or after dressing?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**How far would you estimate you are able to walk, using any walking aids, before you must stop because you are in severe discomfort?**

The following information may help you judge the distance you can walk.

- The average adult step is less than one metre, which is 1.1 yards (3 feet and 4 inches)
- If you walk alongside someone and they take 100 steps, you would have walked roughly 90m (100 yards)
- The average double-decker bus is about 11m (12 yards) long.
- A tennis court is about 24m (26 yards) long.
- A full-size football pitch is about 100m (110 yards) long.

I can walk  metres, or  yards.

Roughly how much time (in minutes) would it take you to walk this distance?

Can you continue walking after a short rest?

Yes  No

If you can continue walking, roughly how long (in minutes) can you continue walking?

### Balance and dizzy spells

Please answer **Yes** or **No** to each of the following questions by ticking the relevant box.

Do you have balance problems?

Yes  No

Have you had any recent falls?

Yes  No

If you ticked **Yes**, in the blue box below please tell us when you last had a fall:

How many times have you had a fall in the last 12-months?

Has your GP referred you to the Falls Clinic?

Yes  No

### Stairs

**Do you use steps or stairs within your home?**

*(This helps us understand how your condition affects your ability to move around your living space.)*

**Please tick all that apply:**

I have stairs inside my home

I have steps leading to my home

I use a stairlift or domestic lift

I live in a property without stairs or steps (e.g. bungalow or ground-floor flat)

**How difficult is it for you to use stairs or steps?** This includes steps outside the home e.g. at a train station.

Not difficult

Quite difficult

Very difficult

Unable to climb stairs


To support the information provided, you must include the documents listed below as evidence for your answers in Section 9 (page 5). If you are currently taking medication due to walking difficulties, please also provide copies of your most recent prescriptions (dated within the last six months).

A report showing any confirmed treatment plan

A detailed letter from a specialist service (e.g. physiotherapist)

**Please Note:** All letters and documents **must** be dated within the last 12-months.

**In line with Department for Transport (DfT) guidance, we are unable to accept GP letters as evidence for walking difficulties. Documentation must come from a relevant specialist service or an independent medical assessment.**

 **Now, go to page 14 for Section 13 – What to do next**

## Section 13 – What to do next

If you are having difficulties in completing this application form or need any advice, you can call our dedicated customer services team on **0300 131 2881** or email us at **ask@liverpoolcityregion-ca.gov.uk**

**Please Note:** We cannot refund any costs (e.g. travel costs) you have relating to this form or costs you may have from collecting evidence to support your application.

Make sure your supporting evidence, letters or documentation are dated within the last 12-months.

Please return this form, together with copies of all relevant supporting documents and medical evidence, to:



Merseytravel Concessions, PO Box 1976, Liverpool, L69 3HN



It usually takes us about **6 weeks** to process an application form in full.

You can also take your completed application form, along with any supporting medical evidence or documentation to your nearest **Merseytravel Centre** (see page 15).

## Independent Medical Assessment

In accordance with guidance from the Department for Transport (DfT), if there is any uncertainty regarding your eligibility, Merseytravel may request an independent medical assessment to support the outcome of your application. Any costs associated with this assessment will be covered by Merseytravel.

## Checklist

Before submitting your completed application form, please use the checklist below to ensure **all** relevant sections - particularly those concerning your disability - have been fully completed. Make sure you've included all necessary documentation and medical evidence to support your application. Incomplete forms or missing information may result in delays in processing your application or being asked to resubmit in full again.

- Read and signed the declaration (page 1)
- Attached a recent passport style full-colour photograph to the first page of the form (page 1)
- Provided official proof of your identity and date of birth from Group A (page 2)
- Provided official proof of your address from Group B (page 2)
- Ticked which category you are applying under (page 3)
- Completed at least one section (6 to 12) that's relevant to your disability (pages 4 to 9)
- Included relevant supporting evidence in relation to your disability
- If relevant to you, completed the supplementary information for difficulty walking (pages 12 to 16)



## Help and Support

If you're not sure about anything, it's okay to ask someone for help - whether that's a friend, a relative, a support worker, or our friendly Customer Services team. They're available from 7am to 8pm Monday to Friday, and 8am to 6pm on weekends and Bank Holidays. We're here to support you.

We want to make sure this application is accessible to everyone. If you need this form in a different format - such as large print, a coloured background to support dyslexia, or another version that better suits your needs - please let us know.



You can call the team on **0300 131 2881**



You can email us at **ask@liverpoolcityregion-ca.gov.uk**



If you have X (formerly Twitter) you can send a direct message to **@Merseytravel**



Or, if you prefer to speak to someone in person, you can visit a **Merseytravel Centre**

Scan the QR code to access Merseytravel Help and Support pages online.



### Birkenhead Travel Centre

Birkenhead Bus Station  
Claughton Road  
Birkenhead  
CH41 6RT

8.30am to 6pm Monday to Saturday  
10am to 5pm Sunday

### Huyton Travel Centre

Huyton Bus Station  
Huyton Hey Road  
Huyton  
L36 5SB

10am to 5pm Monday to Saturday  
Closed Sunday

### Queen Square Travel Centre

Queen Square Bus Station  
Liverpool  
L1 1RG

8am to 6.30pm Monday to Saturday  
10am to 5pm Sunday

### Bootle Travel Centre

Bootle Bus Station  
Washington Parade  
Bootle  
L20 4RE

10am to 5pm Monday to Saturday  
Closed Sunday

### Liverpool One Travel Centre

Liverpool ONE Bus Station  
1 Canning Place  
Liverpool  
L1 8LB

10am to 5pm Monday to Saturday  
Closed Sunday

### St Helens Travel Centre

101 Foundry Street  
St Helens  
WA10 1GU

10am to 5pm Monday to Saturday  
Closed Sunday