



Application for a transportation service (Färdtjänst) monthly pass for work purposes or related to an honorary/elected position

Personal details

Name	Civic registration number
Street address	Telephone, daytime
Postal address	Telephone, evening
Email	Mobile
Registered in the municipality of	If an interpreter is required, state which language
Workplace/Employer	Type of employment
Address	Telephone, work
Do you have a paid job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive any form of travel allowance? If so, from whom? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other information

Postal address
Region Örebro County
Färdtjänstenheten
Box 1613, 701 16 Örebro
Email: fardtjanstenheten@lanstrafiken.se

Visiting address
Eklundavägen 1, Örebro
Tel: 0771-55 30 00

Information regarding an application is obtained in the first instance from the applicant. Information from other sources is not obtained without the verbal or written consent of the applicant. Information provided by you and other parties will be stored in a personal data register. Information is protected and processed according to the stipulations in the Public Access to Information and Secrecy Act and the European General Data Protection Regulation (GDPR). For further information, please go to www.lanstrafiken.se.

By signing below

You consent to the Länstrafiken transportation service unit (Färdtjänstenheten), if necessary (relevant to the assessment), contacting the person/body who has issued a certificate in order to obtain additional information.

You consent to your personal data being processed for the purpose referred to in the application. Your personal data is protected by the stipulations in the Access to Public Information and Secrecy Act and the European General Data Protection Regulation (GDPR).

You certify that the application form has been completed accurately and truthfully.

Signature

Place and date	
Applicant's signature	
Name(s) of any person(s) who assisted with the application (if applicable)	
I consent to the assessment officer getting in touch if necessary with the following contact person (state name, relationship to the applicant)	Telephone/mobile

NOTE! The details contained in the application must be supported by an employer's certificate. The certificate must state the number of working days per week, the period of employment, and the type of employment.

To be sent to:
Region Örebro County
Färdtjänstenheten
Box 1613
701 16 Örebro