

PERSON WITH A DISABILITY PARKING PERMIT APPLICATION

STATE OF HAWAII
DISABILITY AND COMMUNICATION ACCESS BOARD

FOR OFFICIAL USE ONLY

1st Placard # _____

2nd Placard # _____

Expiration Date _____

License Plates # _____

FEES COLLECTED, IF APPLICABLE:

Amount Collected: \$ _____

X _____ Date _____
Clerk's Initials

IMPORTANT: Applicant must complete this side of form. Physician must complete reverse side. Application may be disapproved if not fully completed on both sides. Application must be submitted by the applicant to the appropriate county agency within 60 days of the physician's certification. Original signatures are required.

Applicant must present proof of identity. All forms of identification must be current or unexpired. Acceptable forms of photo identification include: drivers license, state ID, passport, senior citizen ID, military ID, student ID, ID of a parent or guardian of a minor. Acceptable forms of non-photo identification include: Medicare card; notarized affidavit from: a Hawaii State or county social service agency, the administrator of a Hawaii State or privately owned nursing home, the spouse, an adult relative, a friend, an assistant, or the verifying physician.

1. APPLICANT'S NAME

LAST FIRST M.I.

2. SOURCE OF IDENTIFICATION (Circle one) HI DL / HI ID / HI Tax Cert. / Mil ID / Other ID (Specify) _____

3. PHONE NO. _____ 4. BIRTH DATE _____ / _____ / _____
(00 / 00 / 0000) MONTH DAY YEAR

5. HEIGHT _____ / _____ 6. WEIGHT _____ 7. GENDER Male Female
FEET INCHES POUNDS

8. STREET ADDRESS

STREET APT.# CITY ZIP CODE

9. MAILING ADDRESS (Not required if same as #8)

STREET/P.O. BOX APT.# CITY ZIP CODE

10. IF YOU LIVE IN HAWAII Only if you live in Hawaii, indicate the county where you live by marking the applicable box.

C & C of Honolulu County of Hawaii County of Kauai County of Maui

11. PARKING PLACARD REQUEST Mark applicable box(es) and enter serial number of placard(s) last issued. I am requesting a:

- First Time Hawaii placard.
- Renewal of my Hawaii placard(s). placard #(s) _____
- Replacement of my Lost Hawaii placard. placard #(s) _____
- Replacement of my Mutilated Hawaii placard. placard #(s) _____
- Replacement of my Stolen Hawaii placard. placard #(s) _____
- Replacement of my Confiscated Hawaii placard. placard #(s) _____
- Second Hawaii placard. placard # _____ (if applicable)

12. SPECIAL LICENSE PLATES REQUEST Only applicants with a disability expected to last at least 4 years may apply.

I am requesting special license plates. I am the registered owner of the vehicle on which the special license plates will be affixed, AND the vehicle will be used primarily to transport me.

Year of Vehicle _____ Make _____ Model _____

Vehicle Lic. # _____ Registration Expiration Date (Month) _____ / (Year) _____

13. TERMS OF USAGE AND RELEASE OF MEDICAL INFORMATION

I declare, under the penalties of the penal law, that the statements contained herein are, to the best of my knowledge and belief, true and accurate and that I have not knowingly and willingly made a false statement or given information which I know to be false in connection therewith. I have read and understand the terms of permit usage below and I agree to abide by them. I also authorize my physician to release medical information necessary to process this application.

I understand that:

a. The permit is nontransferable (cannot be used by anyone other than myself as the permittee). b. The placard must be visible by hanging it on the rearview mirror when in use (or placing it on the dashboard when there is no mirror). c. The placard must be removed from the rearview mirror before driving or when the placard is not in use. d. I cannot park in the access aisle (crosshatched patterned marked spaces next to a parking space reserved for persons with disabilities). e. If I park in a restricted space or area, my vehicle may be cited and towed, even when a valid parking permit is displayed. f. I must present my identification card (issued with my permit) to any enforcement officer upon request when I park in a space reserved for persons with disabilities. g. If I reported my permit as lost or stolen, it cannot be used by anyone including myself if it is found. If it is found and misused, the user will be fined.

X _____

APPLICANT'S SIGNATURE (or Authorized Representative)

DATE

