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| state seal | **DISABILITY AND COMMUNICATION ACCESS BOARD** |
|  | 919 Ala Moana Boulevard, Room 101 • Honolulu, Hawaii 96814  Ph. (808) 586-8121 (V/TDD) • Fax (808) 586-8129 |

Dear Physician/Advanced Practice Registered Nurse (APRN),

The State of Hawaii relies on your expertise to determine whether an individual meets the medical criteria to qualify for a parking permit for persons with disabilities. **ONLY PERSONS WITH LEGITIMATE PHYSICAL MOBILITY IMPAIRMENTS** qualify for disability parking permits as described in State law, listed on side 2 of the application.

**MEDICALLY CERTIFIED APPLICATIONS WILL BE REJECTED AND WE WILL CONTACT YOUR OFFICE IF:**

**•** Both sides 1 and 2 of the application are not filled out completely. Please

**ENSURE SIDE ONE** of the application is filled in **BEFORE FILLING IN**

**AND SIGNING** side 2.

• The patient is certified for a condition not listed on side 2 of the application.

**THESE CONDITIONS** **DO** **NOT** **QUALIFY:**

• blindness • deafness • upper limb amputation • mental illness • old age

• pregnancy • infancy • learning or developmental disability • mental retardation

It is you, the physician/APRN, who guarantees the legitimacy of the disability parking program. Should you have questions, please contact our office at the number listed above. Note that the application form is downloadable in pdf format from the DCAB website: [www.health.hawaii.gov/dcab](http://www.health.hawaii.gov/dcab). You may duplicate the form as needed.

**THANK YOU FOR YOUR COOPERATION!**

The Disability and Communication Access Board