



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 • Fax (808) 586-8129

AFFIDAVIT FOR NON-RECEIPT OF DISABLED PARKING PLACARD

* For long term placard renewals which were not received in the mail

FOR OFFICE USE ONLY

New Permit # _____

Date: _____

Orig Permit # _____

Clerk _____

Affidavit must be submitted within:

- 1) 30 days after the expiration of your current placard, or
- 2) 30 days after the issuance of the new placard if the application was processed after the expiration date.

Submit completed form to: DCAB, P.O. Box 3377 Honolulu, Hawaii 96801

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

I submitted my application for a renewal of my disabled parking placard on: _____
(date)

My expired placard number is: P_____

I did not receive the original renewal placard and I am requesting a replacement. I understand that the original renewal placard mailed to me will be invalidated upon submittal of this form.

If I find the expired placard and/or the original renewal placard, I will return it to the Disability and Communication Access Board at P.O. Box 3377 Honolulu, Hawaii 96801.

I understand that I cannot use my expired placard or the original renewal placard mailed to me. Use of these placards will result in penalties and fines under Chapter 291, Part III, Hawaii Revised Statutes.

Signature of permittee or authorized representative (as indicted on application form)

Print name of authorized representative (if applicable)

Date