

# PERSON WITH A DISABILITY PARKING PERMIT APPLICATION FIRST TIME, TEMPORARY & REPLACEMENT PLACARDS



## STATE OF HAWAII DISABILITY AND COMMUNICATION ACCESS BOARD

**This form must be taken to a County issuing site.** Applicant must present proof of identity. All forms of identification shall be current or valid. Acceptable forms of identification include: driver's license, state ID, passport, senior citizen ID, ID of a parent or guardian of a minor, 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, the verifying physician or verifying advanced practice registered nurse.

**If submitting this form on behalf of the applicant (see item #15), a copy of the applicant's identification must be provided to the issuing agency!**

FOR OFFICIAL USE ONLY	
1 <sup>ST</sup> Placard # _____	
2 <sup>ND</sup> Placard # _____	
Expiration Date _____	
License Plates # _____	
FEES COLLECTED, IF APPLICABLE	
Amount Collected \$ _____	
X _____	_____
Clerk's Initials	Date

1. **APPLICANT'S NAME** \_\_\_\_\_  
LAST  
FIRST MIDDLE INITIAL

2. **PHONE NUMBER** \_\_\_\_\_ **2a. EMAIL** \_\_\_\_\_  
(xxx) xxx-xxxx (optional)

3. **BIRTH DATE** \_\_\_\_\_ **4. HEIGHT** \_\_\_\_\_ **5. WEIGHT** \_\_\_\_\_ **6. GENDER**  Male  Female  
(mm/dd/year) (Feet, Inches) (Pounds)

7. **RESERVED.**

8. **MAILING ADDRESS** \_\_\_\_\_  
(Street) (Apt #)  
(City) (State) (Zip Code)

9. **INDICATE THE COUNTY WHERE YOU LIVE**  
 City & County of Honolulu     County of Hawaii     County of Kauai     County of Maui

10. **PARKING PLACARD REQUEST** (Switching from a temporary placard to a long term placard is considered a first time application)  
 Mark applicable box and enter serial number of placard(s) already issued. I am requesting a:  
 First Time temporary or long term placard  
 Second temporary placard  
 Renewal of my Hawaii temporary placard(s)    placard #(s) \_\_\_\_\_ / \_\_\_\_\_  
 Replacement of my Hawaii placard(s)    placard #(s) \_\_\_\_\_ / \_\_\_\_\_

11. **COMPLETE ONLY IF REQUESTING SPECIAL LICENSE PLATES**  
 I am interested in receiving information on how to apply for special license plates at the County issuing site.  
 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. # \_\_\_\_\_ Vehicle Registration Expiration Date \_\_\_\_\_  
(mm/dd/year)

**12. DECLARATION AND AUTHORIZATION TO RELEASE 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 also authorize my physician or advanced practice registered nurse to release medical information necessary to process this application.

X \_\_\_\_\_  
 APPLICANT'S SIGNATURE (or Authorized Representative) (DATE)

