

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 (ID) shall be current or valid. Acceptable forms of ID 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), the applicant's ID or a legible copy must be presented to the issuing agency! The authorized representative appearing must also present his/her own proof of ID to the issuing agency.

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

1. **APPLICANT'S NAME** _____
Last

_____ First MI

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

**PERSON WITH A DISABILITY PARKING PERMIT APPLICATION FORM
INSTRUCTION SHEET**

Use Form PA-1 to apply for

First Time, Temporary, and Replacement Placards; and Special License Plates

SIDE 1 – TO BE COMPLETED BY APPLICANT

1. **APPLICANT'S NAME.** Print or type your name, beginning with your last name, then first name, and then middle initial.
2. **PHONE NUMBER.** Print your telephone number. If you do not have a telephone number, write "NONE."
- 2a. **EMAIL.** Enter your email address if you have one. This is optional. DCAB will use it ONLY to contact you for parking program purposes.
3. **BIRTH DATE.** Print the month, then day, then year. Example: If your date of birth is June 30, 1965, you would print 06/30/1965.
4. **HEIGHT.** Print your height in feet and inches.
5. **WEIGHT.** Print your weight in pounds.
6. **GENDER.** Mark the box for either Male or Female.
7. **RESERVED.**
8. **MAILING ADDRESS.** Print your mailing address.
9. **INDICATE THE COUNTY WHERE YOU LIVE.** Answer only if you live in Hawaii. Mark the box next to the county in which you live. Mark one box only.
10. **PARKING PLACARD REQUEST.** Mark the box next to the type of placard you are requesting.
 - A **First Time** placard. Mark this box if this is the first time that you are applying for a Long-term (blue in color) or Temporary (red in color) placard. A Temporary placard will be valid for no more than 6 months. There is a \$12 fee for a Temporary placard.
 - A **Second Temporary** placard. Mark this box if you would like a Second Temporary (red in color) placard. A second Temporary placard is an additional placard that has the same expiration date as its companion placard. If you already have a Temporary placard, print its serial number in the space provided. Check your ID card for the Temporary placard number. There is a \$12 fee for a Second Temporary placard.
 - A **Renewal** of a temporary placard(s). Mark this box if you want to renew your Temporary (red in color) placard(s). You may apply up to 60 days before it expires. Print the serial number of your expiring or expired Temporary placard(s) in the space provided. Check your ID card for your placard number(s). If you currently have two Temporary placards and want two renewal Temporary placards, make sure to enter the serial number of each expiring or expired placard in the space provided. **YOU MUST ALSO HAVE YOUR DISABILITY RECERTIFIED BY A LICENSED PRACTICING PHYSICIAN/ADVANCED PRACTICE REGISTERED NURSE (APRN).** There is a \$12 fee for each Temporary placard issued.
 - A **Replacement** of a (**Lost, Stolen, Mutilated or Confiscated**) placard(s). Mark this box if your placard was lost, stolen, mutilated or confiscated. Print the serial number(s) of your placard(s) in the space provided. Check your ID card for the placard number(s). There is a \$12 fee for the replacement of a lost, stolen or confiscated placard. There is no fee for the replacement of a mutilated placard, but you must bring in its remaining parts, otherwise, it will be treated as a replacement of a lost placard and a \$12 fee will be charged.
11. **SPECIAL LICENSE PLATES REQUEST.** Mark only if requesting special license plates. You must provide information where indicated. You may obtain one set of plates and one long term placard.
12. **DECLARATION AND AUTHORIZATION TO RELEASE MEDICAL INFORMATION.** Read the information carefully. This is your statement that you understand the terms of using the placard or special license plates. Sign and date the statement. If you are unable to sign due to your disability, your authorized representative may sign on your behalf.

**SIDE 2 – TO BE COMPLETED BY A PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE
ONLY IF SIDE 1 IS COMPLETED FIRST**

- 13. CRITERIA.** Mark one or more of the qualifying conditions. The following conditions **do not** qualify: blindness; deafness; upper limb amputation; mental illness; old age; pregnancy; infancy; behavioral, learning, intellectual or developmental disabilities.
- 14. DURATION OF DISABILITY.** Mark the box that corresponds to the expected duration of the qualifying disability. If the expected duration is less than six years, mark the box next to the month of the expected duration. Subsequent certifications can be made if the disability lasts longer than six months. If the disability is expected to last a minimum of six years, mark the 6 years box.
- 15. UNABLE TO APPLY IN PERSON.** Mark if the applicant is unable to apply in person due to a medical condition.
- 16. PHYSICIAN / APRN SIGNATURE AND CERTIFICATION.** Input the following information:
- a) Physician/APRN name.
 - b) Physician/APRN mailing address.
 - c) Physician/APRN phone number.
 - d) Physician/APRN signature (digital signature is acceptable).
Circle medical license type (only listed types are accepted).
Input medical license number (must be a Hawaii license unless military stationed in Hawaii).
 - e) Date that the Physician/APRN signs the application.

WHERE TO SUBMIT THE COMPLETED APPLICATION

For all Form PA-1 – First Time, Temporary, and Replacement Placards; and Special License Plates Applications.

Applicant must submit the form in person at a county issuing site unless his or her Physician/APRN has certified the applicant is unable to appear in person because of a medical condition (see item#15). A person appearing on behalf of an applicant must present the applicant's ID or a legible copy along with the completed application form.