BUS-91
(REV 11/2015)

PERSON WITH A DISABILITY – BUS PASS APPLICATION

TheBus Pass Office, Oahu Transit Services, Inc.
811 Middle Street, Honolulu, Hawaii 96819
Telephone: 848-4444, Fax 852-6005

ENGLISH

Applicant's Name: _____ **Phone: ( )** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Date of Application:** _____

Do you have a current identification card or bus pass under any of the following programs?

☐ Person with a Permanent Disability [ROH 13-2.2(f)(1)] Expiration Date: _____
☐ Person with a Temporary Disability [ROH 13-2.2(f)(2)] Expiration Date: _____
☐ Senior Citizen (ROH 13-2.3) Expiration Date: _____
☐ TheHandi-Van (ROH 13-4.2) Expiration Date: _____

TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL OR AN AUTHORIZED AGENT OF A GOVERNMENT AGENCY RECOGNIZED BY THE DTS:

(A Health Care Professional includes a clinical social worker, occupational therapist, physiatrist, physical therapist, rehabilitation specialist, medical physician, registered nurse, psychologist or similar professional, duly licensed to practice in the State of Hawaii)

I, _____ certify that the above applicant qualifies for the person with a disability bus pass fare plan under one of the following categories:

☐ The applicant by reason of illness, injury, advanced age, congenital malfunction or other permanent or temporary incapacity or disability, is unable without special facilities or special planning or design to utilize the city bus system as effectively as a person who is not so affected.
☐ The applicant has a physical or mental disability which clearly demonstrates that the person experiencing such disability is unable, without difficulty or assistance, to utilize the city bus system.
☐ The applicant has an incapacity or disability which results in the inability to perform one or more of the following functions necessary for the effective use of the city bus system's facilities without significant difficulty (check all that apply):

- ☐ Negotiating a flight of stairs, escalator or ramp;
- ☐ Boarding or alighting from a city transit bus;
- ☐ Reading informational signs; or
- ☐ Walking more than 200 feet.

Description of Disability: _____

Expected duration of disability (Please specify estimated time frame in months): _____

Name/Agency: _____ **Signature/License No.** _____

Address: _____ **Phone Number:** _____ **Date:** _____

FOR OFFICIAL USE ONLY; DO NOT WRITE IN THIS BLOCK

☐ Application Issued Date ID Card/Pass Issued: _____ Expiration Date: _____
Permanent (25-48 months) Temporary (0-24 months)
☐ Application Not Issued Reason: _____

Signature: _____ Date: _____
(PROGRAM COORDINATOR)