

**APPLICATION FOR DISABLED PERSON  
LICENSE PLATES**

INITIAL ASSIGNMENT

RENEWAL

PLATE REPLACEMENT

In accordance with Section 291-51.5, Hawaii Revised Statutes, and Chapter 19-150, Hawaii Administrative Rules, I hereby make application for the Disabled Person license plates. I understand that I may be eligible for issuance of *either* one disabled persons windshield placard, or, one placard and the Disabled Persons license plates.

I request that the plates be assigned to \_\_\_\_\_ which is  
(CURRENT LICENSE PLATE NUMBER)  
currently registered in my personal name.

I certify that I am permanently disabled and eligible for issuance of the Disabled Person license plates. I understand that the Disabled Person license plates may be issued to only one vehicle that is registered in my name and that vehicle *is primarily used for my transportation*. In order to obtain these license plates, I understand that I must submit this form, a copy of an approved *Person with a Disability Parking Permit Application*, my current certificate of registration for my vehicle, the required fees and the periodic vehicle inspection certificate, if required.

I understand that an *approved Person with a Disability Parking Permit Application* form is required to be submitted upon initial application for the Disabled Person license plates, upon each sixth renewal, and for plate replacement if the original license plate is stolen, lost or mutilated.

I understand that these license plates will be invalid upon the expiration of the current regular issue license plates and, although I may not receive personal notification of such license plate change, I am responsible for reapplying for the new series of Disabled Persons license plates. Prior to transferring the registered ownership of a vehicle assigned Disabled Persons license plates, I will surrender these plates and purchase regular issue license plates for my vehicle. I understand that a transfer of registered ownership out of my name will not be recorded until these Disabled Persons license plates are replaced.

Unless otherwise provided by law, I must pay for all applicable taxes and fees as a condition precedent to registration and assignment of the Disabled Persons license plates. All required documentation and fees may be submitted to the nearest Satellite City Hall or mailed to the Division of Motor Vehicle, Licensing and Permits, P.O. Box 30330, Honolulu, Hawaii 96820-0330. I may obtain the costs for assignment of the Disabled Persons license plates by contacting the nearest Satellite City Hall or calling 532-7710.

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
SIGNATURE OF APPLICANT/REGISTERED OWNER

\_\_\_\_\_  
PRINT OR TYPE APPLICANT'S NAME