

PERSON WITH A DISABILITY PARKING PERMIT APPLICATION FORM INSTRUCTION SHEET

GENERAL INFORMATION

- You (applicant) must complete Side 1 of the application form. It may be disapproved if not fully completed.
- You need a “licensed practicing physician” to verify your disability for a new, first time, or renewal placard. The physician’s verification is on Side 2 of the application form. Your physician’s verification is valid for 60 days. NOTE: A “licensed practicing physician” means a doctor of medicine (M.D.), naturopathy (N.D.), osteopathy (D.O.), or podiatry (D.P.M.) duly licensed and authorized to practice in the State of Hawaii in accordance with chapters 453, 455, 460 and 463E, Hawaii Revised Statutes; or a U.S. Armed Services physician stationed in Hawaii.
- You must apply **in person** for your first placard or a replacement placard. The only exception is a physician verification that you are unable to apply in person due to your disability (see item 16 on the application form). In those situations, someone may bring in your application and required identification.
- You may renew by mail or in person. You may apply for a renewal placard up to 60 days before it expires.
- You do not need a physician’s certification for the replacement of a Lost, Stolen, or Mutilated placard. Your replacement placard will have the same expiration date as your original placard.
- You must have a physician licensed to practice in Hawaii (or a military physician stationed in Hawaii) verify that you meet any one of the conditions listed under item 14 on the application form.
- If you have a placard issued by another state, it is valid in Hawaii until expiration. However, it cannot be substituted for a properly completed application form signed by a physician licensed to practice in Hawaii (or a military physician stationed in Hawaii).
- **CONDITIONS THAT DO NOT QUALIFY INCLUDE, but are not limited to the following:** blindness, deafness, upper limb amputation, mental retardation/developmental disability, infancy, old age, learning disability, or mental disability.
- An infant is not eligible unless special equipment is required, which includes, but is not limited to, a wheelchair, ventilator, or portable oxygen. An infant transported in a common stroller or carried by another person without the use of special equipment is not eligible. An infant is a child below the age of one year.
- You must present proof of your identity. All forms of identification must be current (unexpired). Acceptable forms of photo identification include: drivers license, state ID, passport, senior citizen ID, military ID, student ID, ID of a parent or guardian of a minor. Acceptable forms of non-photo identification include: Social Security card; 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, or the verifying physician. NOTE: Notarized affidavit must state (1) date of the affidavit, (2) name and address of applicant, (3) name and address of person who writes affidavit, (4) that affidavit is to identify person named on application for Hawaii parking permit for persons with disabilities, and (5) bear signature of person who writes affidavit.

HOW TO COMPLETE THE APPLICATION FORM - SIDE 1

1. **APPLICANT’S NAME.** Print or type your name, beginning with your last name, then first name, and then middle initial.
2. **IDENTIFICATION.** Circle the form of identification used to identify yourself. If you circle “Other ID,” specify the form of identification used on the line provided. Fill in your identification number on the line below unless you present a form of non-photo identification without a number.
3. **TELEPHONE NUMBER.** Print your telephone number. If you do not have a telephone number, write “NONE.”
4. **BIRTH DATE.** Print the month, then day, then year. Example: If your date of birth were June 30, 1965, you would print 06/30/1965.
5. **HEIGHT.** Print your height in feet and inches.
6. **WEIGHT.** Print your weight in pounds.

7. **GENDER.** Mark the box for either Male or Female.
8. **STREET ADDRESS.** Print your street address.
9. **MAILING ADDRESS.** Print your mailing address if it is different from your street address.
10. **IF YOU LIVE IN HAWAII.** Answer only if you live in Hawaii. Mark the box next to the county in which you live. Mark one box only.
11. **PARKING PLACARD REQUEST.** Mark the box next to the type of parking placard for which you are applying.
 - A **First** Time Hawaii placard. Mark this category if this is the first time that you have applied for a Hawaii placard. \$12 fee for a Temporary Placard.
 - A **Second** Hawaii placard. Mark this category if you would like a second Hawaii placard. A second placard is an additional placard that has the same expiration date as its companion placard. The intent of the second placard is to allow you to park in a parking space reserved for people with disabilities at the airport or parking facility when you travel. If you already have a Hawaii parking placard, print its serial number in the space provided. Check your ID card for the placard number(s). \$12 fee for a Second Temporary Placard.
 - A **Renewal** of my Hawaii placard(s). Mark this category if you want to renew your Hawaii placard(s). You may apply up to 60 days before it expires. Print the serial number of your expiring or expired placard(s) in the space provided. Check your ID card for your placard number(s). If you currently have two placards and want two renewal 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.** \$12 fee for a Temporary Placard.
 - A Replacement of my **Lost** Hawaii placard(s). Mark this category if your Hawaii placard was lost. Print the serial number(s) of your lost placard(s) in the space provided. Check your ID card for the placard number(s). \$12 fee for the replacement of a lost placard.
 - A Replacement of my **Mutilated** Hawaii placard(s). Mark this category if your Hawaii placard(s) was mutilated (broken or damaged or cannot be hung or the printed letters cannot be read). Print the serial number(s) of your mutilated placard(s) in the space provided. Check your ID card for the placard number(s). You must turn in the mutilated placard(s) or its remaining parts. \$12 fee for the replacement of a mutilated placard.
 - A Replacement of my **Stolen** Hawaii placard(s). Mark this category if someone stole your Hawaii placard(s). Print the serial number(s) of your stolen placard(s) in the space provided. Check your ID card for the placard number(s). \$12 fee for the replacement of a stolen placard.
 - A Replacement of my **Confiscated** Hawaii placard(s). Mark this category if a law enforcement officer confiscated your Hawaii placard(s). Print the serial number(s) of your confiscated placard(s) in the space provided. Check your ID card for the placard number(s). \$12 fee for the replacement of a confiscated placard.
12. **SPECIAL LICENSE PLATE REQUEST.** Mark only if you are requesting special license plates. You must provide information where indicated. You may not let other people borrow your vehicle to park it in parking spaces reserved for people with disabilities. If you obtain special license plates, you may obtain only one placard.
13. **TERMS OF USAGE AND RELEASE OF MEDICAL INFORMATION.** Read the information carefully. This is your statement that you understand the terms of using the placard or special license plates and understand the penalties for misuse. 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

TAKE THE APPLICATION FORM TO YOUR DOCTOR TO COMPLETE SIDE 2 IF YOU ARE APPLYING FOR A FIRST TIME OR A RENEWAL PERMIT.