



DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 • Honolulu, Hawaii 96814
Ph. (808) 586-8121 (V/TDD) • Fax (808) 586-8129

ACCESSIBLE PARKING PROGRAM AFFIDAVIT OF NON-RECEIPT OF PLACARD

Name of person to whom disabled parking placard is issued

Address as indicated on the application for renewal

I submitted my application for a renewal of my disabled parking placard on

_____. My expired placard number is _____.

I acknowledge that I have not received the renewal placard and I am requesting a replacement. The original renewal placard mailed to me will be invalidated upon issuance of the replacement placard.

If I find the expired placard I will return it to the Disability and Communication Access Board at 919 Ala Moana Boulevard, Room 101, Honolulu, HI 96814.

I understand that I can't use my expired placard or the original renewal placard mailed to me. Use of these placards will result in penalties and fines as stipulated by law.

Signature of permittee or authorized representative (as indicated on application from)

Print name of authorized representative (if applicable)

Date