



**APNIKEISON (TAROPWEN TUNGOR)**  
**Katoon ID ika PASS seni TheBus noun aramas mi ter**  
**Offesin TheBus, Oahu Transit Services, Inc. (OTS)**  
**Nefinen Middle Street me Kamehameha Highway**  
**Tefonon: 848-5555 tiki 4**

KOSE MOCHEN ITECHIKI OCHU NON FOSUN MERIKA  
**KINIKIN 1: PORAAUSEN EWE CHON TUNGOR**

1. Iten ewe chon tungor: \_\_\_\_\_  
NASNEIM ITAN NEPOPOTAN ORUWEN ITOMW

2. Nampan fon:( ) \_\_\_\_\_ 3. Email: \_\_\_\_\_

4. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Raanin Uputiw: \_\_\_\_\_ 6. Raanin Amasowen Taropwen Tungor: \_\_\_\_\_  
MARAM, RAAN, IIER PWININ MARAM TAROPWEN TUNGOR A NOO NGENIR

**7. AN EWE CHON TUNGOR PWARATA PWAN MWUTATA PORAUSEN AN SEMWEN ME SAFEEI EPWE MUMUNGENI EMON**

Uwa anetata pwe ekkei poraus uwa awor mi ennet pwan puung ren met sine ei: uwa pwan sinei pwe ika u makei poraus mwaken non nei ei tarowen tungor iwe mi tongeni angawa ewe ID card ika pass. **Uwa pwan mwutata an nei we tokter (health care professional mi nisensen seni Hawaii) an epwe wawu porausei non pioning ren aninisin fororun angangen ei taropwen tungor.** Uwa pwan afata pwe ewe raan won ei setifiketin Health Care Professional mioch non inik (30) raanin pwinin maram iwe ei taropwen tungor epwe tongeni koturuno ika e mwang katonongan ngeni HCPC non we inik (30) raan mi afateti.

X \_\_\_\_\_ PWININ MARAM  
 AN EWE CHON TUNGOR SIKNICHOR

**FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BLOCK**

Health Care Professional License Verification: License Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Health Care Professional Signature Verification:  Sample on File  Agency Faxed Sample  Other \_\_\_\_\_  
 Application Processed:  Permanent  Temporary: \_\_\_\_\_ months HCPC Date: \_\_\_\_\_  
 ID Card  Pass Expiration Date: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
 Application Not Processed: Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (PROGRAM COORDINATOR)

**KINIKIN 2: SETIFIKET SENI EWE TOKTER MI WOR AN NAISENS (Licensed Health Care Professional):** *Ewe Health Care Professional mi tongeni epwe emon clinical social worker, occupational therapist, psychiatrist, physical therapist, rehabilitation specialist, medical physician, register nurse, psychologist ika chieckier kewe mi wor ar naisens ar repwe angang non Hawaii*

**8a. I certify that (Applicant's Name) \_\_\_\_\_ qualifies for TheBus Person with Disability Identification Card or Pass 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.

**8b. Description of Disability:** \_\_\_\_\_  
 (to certify checked box above – do not write code only)

**8c.  Permanent or  Temporary (Expected duration of disability: \_\_\_\_\_ months.)**

**8d. Health Care Professional Certification.** As a Health Care Professional duly licensed in the State of Hawaii, I understand that falsely certifying that the Applicant is qualified for the purposes of this application form are grounds for Licensing sanctions under HRS 436B.

**Name:** \_\_\_\_\_ **Phone No:** (        ) \_\_\_\_\_

**Agency (Stamp):** \_\_\_\_\_ **License No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **License Expiration Date:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\* Omwuchunon raanin amasowa ei taropwen tungor ren TheBus ren noun aramas mi ter ID Card ika Pass a anongonong woon raanin and ewe tokter (Health Care Professional) we setifikeison (certification).**



## CHON TAROPWEN IFA USUN AMASOWEN EWE TAROPWEN TUNGOR REN TheBus ID CARD IKA PASS REN ARAMAS MI TER

### **KINIKIN 1: IFA USUN AN CHON TUNGOR EPWE AMASOWA- KOSE MOCHEN ITECHIKI OCHU NON FOSUN MERKIA**

1. **Iten chon Tungor:** Itechiki itomw (nasneim, itomw, nepoputan oruwen itomw)
2. **Nampan fon:** Maketiwi nampan noumw tenefon. Ike ese wor noumw tenefon, makei “ESE WOR”
3. **Imen ika ewor.** OTS epwe nounou chok ika epwe churuk ren porausen ewe Disability Bus Pass
4. **Atress:** Maketiwi omw we atress
5. **Raanin Uputiw:** Maketiwi maram, raan, iier
6. **Raanin Amasowen ewe Taropwen Tungor:** Maketiwi ewe raan ke wano pwisin ewe taropwen tungor (wanong noumw we taropwen tungor inik raan (30) anongonog woon ewe raanin setifikeison atou seni ew tokter (Health Care Professional)
7. **Pwarata pwan Mwitata an Epwe Katou Porausen semwen ika safeei:** Saineni pwe epwe faat pwe ekkei poraus ka awora mi puung, pwan mwutngeni noumw we tokter (health care professional) epwe amasowa Kinikin 2 pwe epwe tongeni ngenir porausen omw sasafei me semwen (porausen omw semwen me safeei repwe anisi an epwe faat ika kopwe tongeni nounou noun mi ter Bus ID card ika Pass); iwe pwan pwarata pwe ei taropwen tungor esapw ketiw ika e tonong mwirin 30 raan seni pwinin maramen ewe Health Care Professional setifiket.

### **KINIKIN 2: FOFORUN AMASOWEN EWE LICENSED HEALTH CARE PROFESSIONAL SETIFIKET (PWAR NGENI NOUM WE HEALTH CARE PROFESSIONAL EI PEKIN)**

- 8a. Certify Applicant’s disability by checking the appropriate category box.
- 8b. Describe disability to certify the category box checked in 8a (do not write disability codes only).
- 8c. Indicate if the Applicant’s disability is Permanent or Temporary. For Temporary disabilities indicate the expected duration in months.
- 8d. Print Name, Address, Phone No., License No., and License Expiration Date.  
Use Agency stamp to identify Agency or Print Agency name if Agency does not have a stamp.  
Signature to certify the Applicant’s qualifying disability on this Application & date of signature.

### **TAROPWEN TUNGOR ren TheBus DISABILITY ID CARD ika PASS noun aramas mi ter kopwe pwisin wano ren ewe TheBus PASS OFFES**

1. Ekewe taropwen tungor mi orichinon, mi amasow ochuno me sain ra ketiw pwe repwe angang woon. Esap wor kaapi. (Ekkewe rese amasow ochuno ESAP woor angang woon. Amasowa meinisin ekkewe nain ren pungun/enetin poraus)
2. Epwe woor noumw offeson taropwen pwarata pwe en ewe aramas (ID) mi woor sasingum woon, ina prufen pwe en ewe aramas (ekkewe ID mi och usun driver’s license, state ID, passport, pwal ekkoch an putain kofemen ID)
3. Ka tongeni kamo woon chon moni, chekin putai, ika credit card – Ese ketiw kamo woon noumw pwisin chek
4. Omwuchunon raanin angangen ei tungor epwe anongonong chok won ewe pwinin maram a maak woon ewe Health Care Professional Setifiket.
5. Offesin ewe TheBusPass a nomw Kalihi Transit Center, nukanapen Middle Street me Kamehameha Highway

**Awaan Sukun Offes: Sarifan – Enimwu Kunok 7:30a.m. nesosor – Kunok 4:00 pm nekunion  
(Kesip fansoun an sopun Hawaii Holidays)**

**Nampan Tenefon: (808) 848-5555 ka tiki 4**