

**APLIKASION**

**TheBus TAO NGA ADDAAN ITI DISABILITY IDENTIFICATION CARD WENNO PASES**  
**TheBus Opisina a Pangalaan iti Pases, Oahu Transit Services, Inc. (OTS)**  
**Kalihi Transit Center**  
**Kanto ti Middle Street & Kamehameha Highway**  
**Telepono: 848-5555 italmeg ti 4**

PAKISURAT A NALAWAG ITI INGLES

**SEKSION 1: IMPORMASION TI APLIKANTE**

**1. Nagan ti Aplikante:** \_\_\_\_\_  
APILIEDO NAGAN INISIAL TI NAGTENGENGA A NAGAN

**2. Numero ti Telepono:** ( ) \_\_\_\_\_ **3. Email:** \_\_\_\_\_

**4. Adres:** \_\_\_\_\_

**Siudad:** \_\_\_\_\_ **Estado:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**5. Petsa ti Pannakayanak:** \_\_\_\_\_ **6. Petsa ti Aplikasion:** \_\_\_\_\_  
BULAN, ALDAW, TAWEN ALDAW TI PANANGIPASA

**7. DEKLARASION TI APLIKANTE & PAMMALUBOS TI PANNAKARUK-AT TI MEDIKAL NGA IMPORMASION**

Ideklarak, a dagiti impormasion a naited ket pudno ken husto kas pagaammok;  
 ken bigbigek a no bilang ta adda biddut nga impormasion iti daytoy nga aplikasion  
 ket mabalina a mangimbalido ti ID card wenno pases.

**Palubosak pay ti Health Care Professional (lisensiado iti Estado ti Hawaii) a mangruk-at iti medikal nga impormasion a kasapulan iti pannakaproseso daytoy nga aplikasion.**

Bigbigek a ti petsa ti Health Care Professional Certification (HCPC) ket balido laeng iti 30 nga aldaw ken daytoy nga aplikasion ket saan a maawat no naidatag kalpasan ti 30 nga aldaw manipud iti petsa ti HCPC.

X \_\_\_\_\_  
 PIRMA TI APLIKANTE

\_\_\_\_\_  
 PETSAS

**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)

**SEKSION 1**

**Seksion 2: SERTIPIKASION TI LISENSIADO A HEALTH CARE PROFESSIONAL:**

*Ti Health Care Professional ti pakairamanan dagiti clinical social worker, occupational therapist, physiatrist, physical therapist, rehabilitation specialist, medical physician, registered nurse, psychologist wenno umasping a propesional, lisensiado nga agpraktis iti Estado ti 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:** \_\_\_\_\_

**\* Petsa ti Panagpaso daytoy nga aplikasion para iti TheBus Tao nga addaan iti Disability Identification Card wenno naibasar iti petsa ti Health Care Professional Certification.**

**SEKSION 2**



**PAKABASAAN KADAGITI ANNURATEN PARA ITI APLIKASION  
TheBus TAO NGA ADDAAN ITI DISABILITY IDENTIFICATION CARD WENNO PASES**

**SEKSION 1: INSTRUKSION PARA ITI APLIKANTE – PAKISURAT A NALAWAG ITI INGLES**

1. **Nagan ti Aplikante: Pakisurat ti naganyo (Apiliedo, Nagan, Inisial ti Nagtengnga a Nagan)**
2. **Numero ti Telepono: Pakisurat ti numero ti teleponoyo. No awan ti teleponoyo, isurat ti “AWAN.”**
3. **Opsional ti email. Usaren laeng ti OTS daytoy no kontakendakayo para iti pakasapulan ti Disability Bus Pass.**
4. **Adres: Pakisurat ti adresyo.**
5. **Petsa ti pannakayanak: Pakisurat ti bulan, aldaw, ken tawen.**
6. **Petsa ti Aplikasion: Isurat ti petsa ti panangipasayo a personal iti aplikasion (Ipasa ti aplikasionyo iti uneg ti 30 nga aldaw manipud iti petsa ti Health Care Professional Certification).**
7. **Deklarasion ken Pammalubos iti Pannakaruk-at ti Medikal nga Impormasion:** Pirma tapno mapaneknekan ti impormasion nga intedyo ket husto; palubosanyo ti health care professional-yo a mangkompleto iti Seksion 2 & ken pannakaruk-at ti medikal nga impormasion (ti medikal nga impormasion a naited ket maaramat laeng iti panagdesision no kwalipikadokayo iti disability bus identification card wenno pases); ken bigbigen a daytoy nga aplikasion ket saan a maawat no maipasa kalpasan ti 30 nga aldaw manipud iti petsa ti Health Care Professional Certification.

**SEKSION 2: ANNURATEN ITI SERTIPIKASION PARA ITI LISENSIADO A HEALTH CARE PROFESSIONAL (IPAKITA DAYTOY A PARTE ITI HEALTH CARE PROFESSIONAL-YO)**

- 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.

**TheBus TAO NGA ADDAAN ITI DISABILITY ID CARD wenno APLIKASION PARA ITI PASES  
KET MASAPUL A MAIPASA A PERSONAL BABAEN TI APLIKANTE ITI OPISINA TI TheBus.**

1. Dagiti laeng orihinal, nakompleto, ken pirmado nga aplikasion ti maawat a maproseso. Saan a mabalin dagiti kopia, (Dagiti saan a nakompleto nga aplikasion ket SAAN a maproseso. Kompletuen amin a linia babaen ti panangisurat it pudno/umisu nga impormasion)
2. Opisial, balido nga ID nga addaan iti ladawan ti kasapulan kas mangpaneknek iti kinasiasino (Dagiti maawat a klase ti ID ket pakairamanan ti lisensia ti drayber, ID iti Estado, pasaporte, ken dadduma pay nga ID nga aggapu kadagiti ahensia ti gobierno).
3. Cash, tseke manipud iti institusion, wenno panagbayad babaen ti credit card – Saan a maawat ti personal a tseke.
4. Ti Petsa ti Panagpaso ket maibasar iti petsa ti Health Care Professional Certification.
5. Ti Opisina ti TheBusPass ket masarakan iti Kalihi Transit Center, kanto ti Middle St. & Kamehameha Hwy.

Oras ti Opisina: Lunes-Biernes, 7:30 iti bigat – agingga iti 4:00 iti malem (Nakaserra no Holiday iti Siudad)  
Telepono: (808) 848-5555 italmeg ti 4