



**County of Hawaii Mass Transit Agency  
Application Form for Hele-On Bus Disability Identification Card**

**TO BE COMPLETED BY A LICENSED PHYSICIAN**

I, \_\_\_\_\_ certify that the above applicant qualifies for a Hele-On Bus Disability Identification Card (DIC) under one of the following categories:

- The applicant has a physical or mental disability which clearly demonstrates that the person experiencing such disability is unable, without difficulty or assistance, to use the Hele-On bus system.
  
- The applicant has an incapacity or disability which limits his/her ability to perform one or more of the following functions necessary for the effective use of the Hele-On bus system's facilities without significant difficulty (check all that apply):
  - Negotiating a flight of stairs or ramp;
  - Boarding or alighting from a Hele-On Bus;
  - Reading informational signs; or
  - Walking more than 200 feet

Description of Disability: \_\_\_\_\_

Condition is \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary (State Duration) \_\_\_\_\_

A Personal Care Attendant (PCA) is required for the applicant to travel: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, please list the name(s) of PCA(s):

\_\_\_\_\_  
\_\_\_\_\_

Note: Only one PCA is eligible to accompany the applicant at time. PCA(s) may ride the Hele-On bus at a discounted rate of \$1.00 or by using bus tickets when accompanying applicant.

**Physician Please Read Carefully**

I understand that per HRS 291, Part III, if I as a physician fraudulently verify that \_\_\_\_\_  
Applicant's Name  
is a person with a disability to enable the applicant to obtain a Hele-On Bus DIC, I shall be guilty of a petty misdemeanor and each fraudulent verification shall constitute a separate offense.

Physician's Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical License No.: \_\_\_\_\_

The Mass Transit Agency will review this certification to determine the applicant's eligibility for the Hele-On Bus DIC.

Mass Transit Agency Use Only:  
Approved \_\_\_\_\_ Date \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_  
Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_