

香港特別行政區政府運輸署  
Transport Department, the Government of the Hong Kong Special Administrative Region

司機接載殘疾人士泊車證明書申請表(新申請/續期)  
(NEW/RENEWAL) APPLICATION FOR PARKING CERTIFICATE FOR DRIVERS  
WHO CARRY PEOPLE WITH MOBILITY DISABILITIES

新申請  
New application

續期申請  
Renewal application

請先閱讀夾附的須知事項，並以正楷填寫各項資料  
Please read the notes attached and complete all items in BLOCK LETTER

第一部份 申請人資料  
Part One Details of Applicant

姓名：  
Name of Applicant: \_\_\_\_\_ (English) \_\_\_\_\_ (中文)

身份證號碼：  
H.K. Identity Card No. \_\_\_\_\_

電話號碼：  
Telephone Number: \_\_\_\_\_

通訊地址：  
Postal Address: \_\_\_\_\_

與殘疾人士之關係：  
Relationship with the person with a mobility disability: \_\_\_\_\_

車牌號碼：  
Vehicle Registration Number: \_\_\_\_\_

請註明欲以下列何種方式領取泊車證明書：  
Please indicate where you want to collect the Parking Certificate. Please tick the appropriate box.

- 前往香港金鐘道 95 號統一中心 3 樓香港駕駛考試排期組領取  
Hong Kong Driving Test Appointment Office, 3<sup>rd</sup> Floor, United Centre, 95, Queensway, Hong Kong
- 前往九龍長沙灣道 303 號長沙灣政府合署 2 樓九龍駕駛考試排期組領取  
Kowloon Driving Test Appointment Office, 2<sup>nd</sup> Floor, Cheung Sha Wan Government Offices,  
303 Cheung Sha Wan Road, Kowloon.

請將泊車證明書及所呈交的證明文件以平郵寄回本人  
I want the Parking Certificate and my supporting documents to be sent to me by surface mail.

第二部份 殘疾人士資料  
Part Two Details of the person with a mobility disability

姓名：  
Name: \_\_\_\_\_ (English) \_\_\_\_\_ (中文)

身份證號碼：  
H.K. Identity Card No. \_\_\_\_\_

殘疾類別：  
Type of mobility disability:

<input type="checkbox"/>	輪椅使用者 wheelchair user	<input type="checkbox"/>	其他，請註明 other, please specify _____
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請在適當的方格內加上「✓」號  
Please tick the appropriate box

第三部份 申請人須提交下列證明文件的副本  
Part Three Applicant shall provide photocopies of the following supporting documents

申請人身份證；  
Identity Card of the applicant;

申請車輛的車輛登記證；  
Vehicle Registration Document of the applying vehicle;

在申請日期前六個月內發出證明被接載者行動不便的證明書(例如由註冊醫生、註冊護士、校長或物理治療師所發出的證明書)；

Mobility disability document issued (for example by registered doctor, registered nurse, principal or physiotherapist.) within 6 months before the date of application of the person to be carried;

證明申請人與所接載者親屬關係的文件；及  
Document(s) showing the relationship between the applicant and the disabled to be carried; and

被接載者的身份證。  
Identity Card of the person to be carried.

第四部份 申請人聲明  
Part Four Declaration

本人謹此聲明，據本人所知及所信，在本表格內所填報的資料均屬真確無訛。本人已細閱本表格內容，並了解及同意遵守使用司機接載殘疾人士泊車證明書的各項規則。

I declare that the information provided in this Application Form is true and correct to the best of my knowledge and belief. I have read the instruction on Notes to Help You thoroughly and agreed to comply with all these instructions.

申請人簽署：  
Signature of Applicant

日期：

Date:

第五部份 (本部份由部門填寫)  
Part Five (Official Use)

附有證明文件?  
Proof attached?  
是  
YES  
否  
NO

是否批准申請?  
Approval?  
是  
YES  
否  
NO

批准人簽署  
Approved by (Signature)

正楷姓名  
Name in Block Letter

批准日期  
Date of Approval

屆滿日期  
Expiry Date

備註  
Remarks