

司機接載行動不便的殘疾人士泊車證明書申請表(新申請/續期/更新資料)  
(NEW/RENEWAL/CHANGE INFORMATION)  
**APPLICATION FOR PARKING CERTIFICATE FOR DRIVERS  
WHO CARRY PEOPLE WITH MOBILITY DISABILITIES**

新申請  續期申請  更新資料  
New Application Renewal Application Change Information

請先參閱 TD545 (Rev.02/23) 「須知事項」，並以正楷填寫各項資料。

Please refer to TD545 (Rev.02/23) "NOTES TO HELP YOU" and complete all items in BLOCK LETTERS.

**第一部份 申請人現時的個人資料**  
**Part One Present Particulars of Applicant**

姓名：(中文) \_\_\_\_\_ Name: (English) \_\_\_\_\_  
姓氏先行 \_\_\_\_\_ Surname first \_\_\_\_\_

身份證號碼： \_\_\_\_\_ 電話號碼： \_\_\_\_\_ 電郵： \_\_\_\_\_  
Identity Card Telephone E-mail  
Number: \_\_\_\_\_ Number: \_\_\_\_\_ Address: \_\_\_\_\_

申請人住址 Residential Address of Applicant:

室 Flat/Room \_\_\_\_\_ 樓 Floor \_\_\_\_\_ 座 Block \_\_\_\_\_

大廈名稱 Name of Building \_\_\_\_\_

屋苑名稱 Name of Estate \_\_\_\_\_

門牌號數及街道 (或鄉村) 名稱 Number and Name of Street (or Village) \_\_\_\_\_

地區 District \_\_\_\_\_  HK 香港  KLN 九龍  NT 新界

**注意：**如你以上所填報的住址並不能用作聯絡和郵遞用途，請在以下填寫你的通訊地址。

(Note: If you cannot use the above residential address for the purposes of contact and mailing, please fill in below your correspondence address.)

申請人通訊地址 Correspondence Address of Applicant:

室 Flat/Room \_\_\_\_\_ 樓 Floor \_\_\_\_\_ 座 Block \_\_\_\_\_

大廈名稱 Name of Building \_\_\_\_\_

屋苑名稱 Name of Estate \_\_\_\_\_

門牌號數及街道 (或鄉村) 名稱 Number and Name of Street (or Village) \_\_\_\_\_

地區 District \_\_\_\_\_  HK 香港  KLN 九龍  NT 新界

與被接載的下肢肢體傷殘  
行動不便的殘疾人士<sup>\*(註一)</sup>  
之關係：  
Relationship with the  
person with lower limb  
mobility disabilities to be  
carried\*:

車輛登記號碼：  
Vehicle Registration  
Mark:

第二部份  
Part Two

被申請人接載的下肢肢體傷殘行動不便的殘疾人士<sup>\*(註一)</sup>現時的個人資料  
Present Particulars of The Person With Lower Limb Mobility Disabilities\* To Be Carried by the  
Applicant

姓名：  
(中文)  
姓氏先行

Name:  
(English)  
Surname first

身份證號碼：  
Identity Card  
Number:

被申請人接載的下肢肢體傷殘行動不便的殘疾人士的住址  
Residential Address of the Person With Lower Limb Mobility  
Disabilities to be Carried by the Applicant:

室 Flat/Room 樓 Floor 座 Block

大廈名稱 Name of Building

屋苑名稱 Name of Estate

門牌號數及街道(或鄉村)名稱 Number and Name of Street (or Village)

地區 District  HK 香港  KLN 九龍  NT 新界

♯殘疾情況：  
Condition of mobility disabilities:  輪椅使用者 Wheelchair User  步行輔助器使用者，請註明 Walking Aid User, please specify \_\_\_\_\_

♯ 被申請人接載的下肢肢體傷殘行動不便的殘疾人士曾否持有傷殘人士泊車許可證? Whether the person with lower limb mobility disabilities to be carried under application held the Disabled Person's Parking Permit?

是 Yes 請註明傷殘人士泊車許可證編號 Please state the Serial No.: \_\_\_\_\_  否 No

♯ 申請人曾否持有司機接載行動不便的殘疾人士泊車證明書?

Whether the applicant held the Parking Certificate for Drivers Who Carry People With Mobility Disabilities?

是 Yes 請註明司機接載行動不便的殘疾人士泊車證明書編號 Please state the Serial No.: \_\_\_\_\_  否 No

**第三部份 申請人及被申請人接載的下肢肢體傷殘行動不便的殘疾人士<sup>\*(註一)</sup>的聲明**  
**Part Three Declaration By Applicant And Person With Lower Limb Mobility Disabilities To Be Carried by the Applicant<sup>\*(Note 1)</sup>**

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 TD545 (Rev.02/23) 「須知事項」的內容，並了解及同意遵守使用司機接載行動不便的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 instructions on TD545 (Rev.02/23) "Notes to Help You" thoroughly and agreed to comply with all the instructions for the use of Parking Certificate for Drivers Who Carry People with Mobility Disabilities.

申請人簽署：

日期：

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

被申請人接載的下肢肢體傷殘行動不便的殘疾人士的簽署：

Signature of Person with

日期：

Lower Limb Mobility

Date: \_\_\_\_\_

Disabilities to be carried by the Applicant: \_\_\_\_\_

**第四部份 所需文件**  
**Part Four Required Documents**

遞交申請書時，請一併附上以下文件的影印副本一份，及於空格內加上“✓”號以作註明:-

When you submit your application, please produce a photocopy of the following documents and put a “✓” against the appropriate box(es):-

申請人身份證明文件；  
Applicant's identity document;

申請車輛的車輛登記文件；  
Vehicle registration document of the vehicle under application;

在申請日期前六個月內發出的文件，有關文件必須由註冊醫生或註冊物理治療師填妥及簽發證明被接載人士為下肢肢體傷殘行動不便的殘疾人士<sup>\*\* (註二)</sup>：

Supporting document issued by registered doctor or registered physiotherapist within 6 months preceding the date of application which stating that the person to be carried has lower limb mobility disabilities in the form of the following <sup>\*\* (Note 2)</sup>:

1. The supporting document in the form of "Mobility Disability Certification" attached to this application form 夾附於本申請表的「證明書」文件；或
2. A letter issued by registered doctor or registered physiotherapist stating that person to be carried has lower limb mobility disabilities. Please refer to the attached Form of "Mobility Disability Certification" for reference. 由註冊醫生或註冊物理治療師簽發的證明文件，並證明有關被接載人士為下肢肢體傷殘行動不便的殘疾人士。申請人請參閱申請表夾附的「證明書」文件的格式。

被申請人接載的下肢肢體傷殘行動不便的殘疾人士的身份證明文件。  
Identity document of person with lower limb mobility disabilities to be carried by the Applicant.

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

附有所有證明文件?  
All supporting documents attached?  是 YES  否 NO

被申請人接載的下肢肢體傷殘行動不便的殘疾人士曾否持有傷殘人士泊車許可證  
Whether the person with lower limb mobility disabilities to be carried held the Disabled Person's Parking Permit  是 YES  否 NO

申請人曾否持有司機接載行動不便的殘疾人士泊車證明書  
Whether the applicant held the Parking Certificate for Drivers Who Carry People with Mobility Disabilities  是 YES  否 NO

是否批准申請?  
Approval?  是 YES  否 NO

批准人簽署: Approved by (Signature): \_\_\_\_\_ 姓名: Name: \_\_\_\_\_

批准日期: Date of Approval: \_\_\_\_\_ 屆滿日期: Expiry Date: \_\_\_\_\_

司機接載行動不便的殘疾人士泊車證明書號碼: Number of Parking Certificate: \_\_\_\_\_ 曾經持有的司機接載行動不便的殘疾人士泊車證明書的有效期限: Validity period of last Parking Certificate: \_\_\_\_\_

簽發證明書文件: Mobility disability certification issued by: \_\_\_\_\_ 醫院 / 診所 / 機構#名稱 Name of Hospital / Clinic / Organisation# \_\_\_\_\_ 註冊醫生 / 註冊物理治療師#姓名 Name of registered doctor / registered physiotherapist# \_\_\_\_\_

香港特別行政區政府運輸署

Transport Department, the Government of the Hong Kong Special Administrative Region

司機接載行動不便的殘疾人士泊車證明書

Parking Certificate for Drivers Who Carry People with Mobility Disabilities

證明書文件

Certification

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

身份證號碼： \_\_\_\_\_  
Identity Card Number: \_\_\_\_\_

謹此證明上述殘疾人士為下肢肢體傷殘行動不便。有關的殘疾情況如下：

This is to certify that the above named person has lower limb mobility disabilities\* and the details are as follows:

- |                                                             |                                               |
|-------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Quadriplegia 四肢癱瘓                  | <input type="checkbox"/> Stroke, CVA 中風、腦血管意外 |
| <input type="checkbox"/> Cerebral Palsy 腦癱瘓                 | <input type="checkbox"/> Poliomyelitis 小兒麻痺症  |
| <input type="checkbox"/> Hemiplegia 偏癱／半身不遂                 | <input type="checkbox"/> Amputation 截肢        |
| <input type="checkbox"/> Others 其他 (Please specify 請詳細註明) : |                                               |

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

根據 \_\_\_\_\_ (日期) 的評估，上述的殘疾情況有可能持續 \_\_\_\_\_ 個月。

According to the assessment conducted on \_\_\_\_\_ (date), the above disability condition is likely to last for \_\_\_\_\_ months.

上述人士為以下其中一類殘疾人士<sup>\*(註一)</sup>：

The above named person is one of the following types of disabled person<sup>\*(Note 1)</sup>:

- 輪椅使用者 Wheelchair User       步行輔助器使用者，請註明 \_\_\_\_\_  
Walking Aid User, please specify

註冊醫生 / 註冊物理治療師<sup>#</sup>簽名 \_\_\_\_\_  
Signature of registered doctor / registered physiotherapist<sup>#</sup> \_\_\_\_\_  
註冊醫生 / 註冊物理治療師<sup>#</sup>正階姓名 \_\_\_\_\_  
Name of registered doctor / registered physiotherapist<sup>#</sup> \_\_\_\_\_  
(BLOCK letters)

醫院 / 診所 / 機構<sup>#</sup>名稱 \_\_\_\_\_  
Name of Hospital / Clinic / Organisation<sup>#</sup> \_\_\_\_\_

聯絡電話號碼 \_\_\_\_\_  
Telephone No. \_\_\_\_\_

日期 \_\_\_\_\_  
Date \_\_\_\_\_

醫院 / 診所 / 機構<sup>#</sup>蓋印 \_\_\_\_\_  
Hospital / Clinic / Organisation<sup>#</sup> Chop

**注意事項：**

**Points to Note:**

\*註一 此泊車證明書只接受被接載人士為經由註冊醫生或註冊物理治療師簽發證明為下肢肢體傷殘行動不便的殘疾人士的申請，詳情請參閱 TD545 (Rev.02/23) 「須知事項」中有關申請資格第 1 項。有關申請人駕駛車輛進入及/或離開路旁殘疾人專用泊位時，車上必須載有申請表格上所列明的下肢肢體傷殘行動不便的殘疾人士。如發現泊車證明書遭濫用，運輸署會取消有關泊車證明書。

Only "People with Lower Limb Mobility Disabilities" certified by registered doctor or registered physiotherapist are eligible for the application of the Parking Certificate. For details, please refer to Note 1 of Eligibility on TD545 (Rev.02/23) "NOTES TO HELP YOU". When the applicant drives the vehicle under application in and/or out of the on-street parking spaces for the disabled, the person with lower limb mobility disabilities to be carried as stated on the Application Form should be on board. Transport Department will cancel the Parking Certificate if misuse is found.

\*\*註二 請注意，申請人必須填妥申請表內的各項，並提供正確資料及證明文件。如申請人未能提交所需文件，則你的申請可能無法處理。

The applicant must complete all parts of the application form by providing correct information and submit required documents. The application may not be processed if the applicant fails to provide the required documents.

Ⓜ 請在適當的方格內加上「✓」號  
Please tick (✓) the appropriate box(es).

# 請將不適用的刪去  
Delete whichever is inapplicable.