

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

本欄不必填寫  
For Official Use Only

本署檔號 ( ) in  
Our Ref.:

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)  
(NEW/RENEWAL) APPLICATION FOR PARKING CERTIFICATE FOR DRIVERS  
WHO CARRY PEOPLE WITH MOBILITY DISABILITIES

新申請 中  
New application

續期申請 中  
Renewal application

請先參閱 TD545 (Rev.8/19)「須知事項」，並以正楷填寫各項資料。

Please refer to TD545 (Rev.8/19) "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: \_\_\_\_\_

通訊地址 Correspondence Address:

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 \_\_\_\_\_ 中 HK 香港 KLN 九龍 NT 新界  
\_\_\_\_\_

與殘疾人士\*之關係： \_\_\_\_\_ 申請車輛的數目： \_\_\_\_\_ 車牌號碼： \_\_\_\_\_  
Relationship with the Total number of Vehicle  
person with mobility applying vehicle: Registration  
disabilities\*: \_\_\_\_\_ Mark(s): \_\_\_\_\_

第二部份 被接載的殘疾人士\*現時的個人資料  
Part Two Present Particulars Of The Person With Mobility Disabilities\* To Be Carried

姓名： \_\_\_\_\_ 身份證號碼： \_\_\_\_\_  
(中文) (English) Identity Card  
姓氏先行 \_\_\_\_\_ Surname first \_\_\_\_\_ Number: \_\_\_\_\_

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

中 被接載的乘客曾否取有傷殘人士泊車許可證? Did the passenger to be carried obtain 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

中 被接載的乘客曾否取有司機接載行動不便的殘疾人士泊車證明書?  
Did the passenger to be carried obtain the Parking Certificate for Drivers Who Carry People With Mobility Disabilities?  
 是 Yes 請註明殘疾人士泊車證明書編號 Please state the Serial No. : \_\_\_\_\_  否 No

**第三部份 申請人及被接載的殘疾人士\*聲明**  
**Part Three Declaration By Applicant And Person With Mobility Disabilities To Be Carried \***

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.8/19)「須知事項」的內容，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 instructions on TD545 (Rev.8/19) "Notes to Help You" thoroughly and agreed to comply with all the instructions.

申請人簽署： \_\_\_\_\_ 日期： \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

被接載的殘疾人士簽署： \_\_\_\_\_ 日期： \_\_\_\_\_  
 Signature of Person with \_\_\_\_\_ Date: \_\_\_\_\_  
 Mobility Disabilities: \_\_\_\_\_

**第四部份 申請人須提交下列證明文件的副本**  
**Part Four Applicant Shall Provide A Photocopy 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文件；  
Vehicle Registration Document of the applying vehicle;
- 在申請日期前六個月內發出的文件，證明被接載者行動不便(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文件)\*\*；  
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\*\*;  
\*\*請填妥申請表夾附的「行動不便證明文件」。  
\*\*Please complete the attached Form of "Mobility Disability Document".
- 被接載者的身份證。  
Identity Card of the person to be carried.

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

附所有證明文件? All supporting documents attached?	<input type="checkbox"/>	是 YES	<input type="checkbox"/>	否 NO	被接載的殘疾人士曾否取有傷殘人士泊車許可證	<input type="checkbox"/>	是 YES	<input type="checkbox"/>	否 NO
被接載的殘疾人士曾否取有殘疾人士泊車證明書	<input type="checkbox"/>	是 YES	<input type="checkbox"/>	否 NO	是否批准申請? Approval?	<input type="checkbox"/>	是 YES	<input type="checkbox"/>	否 NO

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

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

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

簽發行動不便證明文件： 醫院 / 診所 / 學校 / 機構 名稱 註冊醫生 / 註冊護士 / 校長 / 物理治療師姓名  
 Mobility disability Name of Hospital / Clinic / School / Name of registered doctor / registered nurse / principal /  
 document Issued by: Organisation # 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  
行動不便證明文件

**Parking Certificate for Drivers Who Carry People with Mobility Disabilities**  
**Mobility Disability Document**

姓名： \_\_\_\_\_ Name: \_\_\_\_\_  
(中文) \_\_\_\_\_ (English) \_\_\_\_\_  
身份證號碼： \_\_\_\_\_  
Identity Card Number: \_\_\_\_\_

謹此證明上述殘疾人士\*有關的殘疾情況如下：

This is to certify that the above named person suffers from mobility disabilities\* and the details are as follows:

---

---

---

上述人士為以下其中一類殘疾人士\*：

The above named person is one of the following types of disabled person\*：

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

註冊醫生/註冊護士/校長/物理治療師#簽名 : \_\_\_\_\_  
Signature of registered doctor/registered nurse/principal/physiotherapist#

註冊醫生/註冊護士/校長/物理治療師#姓名 : \_\_\_\_\_  
Name of registered doctor/registered nurse/principal/physiotherapist#

醫院/診所/學校/機構#名稱 : \_\_\_\_\_  
Name of Hospital / Clinic / School / Organisation#

聯絡電話號碼 : \_\_\_\_\_  
Telephone No.

日期 : \_\_\_\_\_  
Date

醫院/診所/學校/機構#蓋印  
Hospital / Clinic / School / Organisation# Chop

\* 此泊車證明書只接受被接載人士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.8/19)「須知事項」中有關申請資格第 2 條。Only "People with Lower Limb Mobility Disabilities" are eligible for the application of the Parking Certificate. For details, please refer to Note 2 of Eligibility on TD545 (Rev.8/19) "NOTES TO HELP YOU".

☐ 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.