

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.01/25) 「須知事項」，並以正楷填寫各項資料。

Please refer to TD545 (Rev.01/25) "NOTES TO HELP YOU" and complete all items in BLOCK LETTERS.

第一部份 申請人 (登記車主) (註一) 的個人資料
Part One Particulars of Applicant (Vehicle Registered Owner) (Note 1)

中文姓名 (姓氏先行): _____ Name in English (Surname first): _____

(注意:如申請所使用的車輛是由申請人持有的公司持有,請同時填寫公司名稱及授權代表姓名。)
(Note: If the vehicle is owned by a company, please fill in both the names of the company and the Authorised Representative.)

身份證號碼: _____ 電話號碼: _____ 電郵: _____
Identity Card Number: _____ Telephone Number: _____ E-mail 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(註二)之關係：

Relationship with the person with lower limb mobility disabilities to be carried (Note 2):

車輛登記號碼：

Vehicle
Registration
Mark:

第二部份
Part Two

被接載的下肢肢體傷殘行動不便的殘疾人士(註一及二)之個人資料
Particulars of The Person With Lower Limb Mobility Disabilities (Notes 1 and 2) To Be Carried

中文姓名
(姓氏先行)：

Name in English
(Surname first):

身份證號碼：
Identity Card
Number:

電話號碼：
Telephone Number:

電郵：
E-mail
Address:

被接載的下肢肢體傷殘行動不便的殘疾人士之住址 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

☐ 被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? Has the person with lower limb mobility disabilities to be carried ever 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?

Has the applicant ever 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 **申請人及被接載的下肢肢體傷殘行動不便的殘疾人士^(註三)的聲明**
Part Three **Declaration By the Applicant And the Person With Lower Limb Mobility Disabilities To Be Carried**
(Note 3)

我們（即申請人及被接載的下肢肢體傷殘行動不便的殘疾人士）現向運輸署共同提出司機接載行動不便的殘疾人士泊車證明書（泊車證明書）的申請。我們謹此聲明，據我們所知及所信，在本表格內所填報的資料均屬真確無訛。我們知悉如申請獲批准，泊車證明書會由我們共同持有。我們已細閱「須知事項」（TD545（Rev.01/25））的內容，同意遵守使用泊車證明書的各項簽發條件，並了解違反使用泊車證明書的罰則。

We (i.e. the applicant and the person with lower limb mobility disabilities to be carried) hereby jointly submit the application for Parking Certificate for Drivers Who Carry People with Mobility Disabilities (“Parking Certificate”) to the Transport Department. We declare that the information provided in this Application Form is true and correct to the best of our knowledge and belief. We understand that the Parking Certificate will be jointly held by us if the application is approved. We have read the content on the “Notes to Help You” (TD545 (Rev.01/25)) thoroughly. We agreed to comply with all the conditions of issuance of the Parking Certificate, conditions of the Parking Certificate, and also understand the penalties concerning non-compliance with conditions of issuance of the Parking Certificate.

申請人簽署：
Applicant’s
Signature: _____

日期：
Date: _____

被接載的下肢肢體
傷殘行動不便的殘
疾人士簽署：
Person with Lower
Limb Mobility
Disabilities to be
carried’s Signature : _____

日期：
Date: _____

第四部份 **申請所需文件**
Part Four **Documents for Application**

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;

被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 the person with lower limb mobility disabilities to be carried;

在**申請日期前六個月內**由衛生署或醫院管理局轄下註冊醫生填妥及簽發證明文件，證明被接載者為因患有疾病或身體傷殘，以致步行有相當困難的下肢肢體傷殘行動不便的殘疾人士之文件（註四）：
Supporting document issued by registered doctor of the Department of Health or Hospital Authority **within 6 months preceding the date of this application** which stating that the person to be carried has considerable difficulty in walking due to diseases or physical disabilities in the form of the following(Note 4):

1. 夾附於本申請表第 5 頁的「醫生證明文件」；或
The “Medical Certificate” for Parking Certificate attached to this application form (Page 5); or
2. 由衛生署或醫院管理局轄下註冊醫生簽發的證明文件，並證明有關被接載者為因患有疾病或身體傷殘，以致步行有相當困難的人士，以及其殘疾情況所持續的時期。申請人請參閱申請表夾附（第 5 頁）的「醫生證明文件」範本的格式及所需填寫的資料。
A letter issued by a registered doctor of the Department of Health or Hospital Authority stating that person to be carried has considerable difficulty in walking due to diseases or physical disabilities. Please refer to the template of “Medical Certificate” for Parking Certificate attached to this application form (Page 5) and the information required to be filled in, as well as the duration of the disability for reference.

3. 如被接載者經由衛生署或醫管局醫生評定為永久性下肢殘疾人士，除運輸署另有要求，有關被接載者在申請續期時將獲豁免提交新「醫生證明文件」。

If the person to be carried is certified by a registered doctor under the Department of Health or Hospital Authority with a permanent lower limb disability, the person to be carried will be exempted from submitting a new “Medical Certificate” when applying for renewal, unless otherwise required by the Transport Department.

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

申請車輛的照片/影片（如適用）（詳情請參閱 TD545（Rev.01/25）「須知事項」中「申請資格」第 6 項）；
Photo(s) / video(s) of the vehicle under application (if applicable) (please refer to Note 6 of “Eligibility Criteria” in TD545 (Rev.01/25) “NOTES TO HELP YOU” for details) ;

如申請車輛由公司持有，申請人須同時提交該公司的周年申報表（NAR1）及由該公司股東或董事代表公司發出的授權書，並蓋上公司印章或獲授權簽名印章，證明有關申請人為股東並獲授權使用有關車輛，接載是次申請的下肢肢體傷殘行動不便的殘疾人士。

If the vehicle is owned by a company, the applicant (i.e. the “Authorised Representative”) should submit the company’s Annual Return (NAR1) and a letter of authorisation issued by the director(s) or shareholder(s) on behalf of the company, and stamp the company chop or authorised signature stamp, certifying that the applicant is a shareholder and authorised to use the relevant vehicle to carry the person with lower limb mobility disabilities under this application.

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
醫生證明文件
Medical Certificate

姓名： Name: _____
(中文) (English)

身份證號碼： Identity Card Number: _____

謹此證明上述人士因患有以下所“☑”或註明的疾病或身體傷殘，以致步行有相當困難的下肢肢體傷殘行動不便的殘疾人士。有關的殘疾情況如下#：

This is to certify that the above named person is a person with lower limb mobility disabilities who has considerable difficulty in walking due to the following “☑” or noted diseases or physical disabilities. The details are as follows: #

- | | |
|--|---|
| <input type="checkbox"/> 四肢癱瘓 Quadriplegia | <input type="checkbox"/> 中風、腦血管意外 Stroke, CVA |
| <input type="checkbox"/> 腦癱瘓 Cerebral Palsy | <input type="checkbox"/> 小兒麻痺症 Poliomyelitis |
| <input type="checkbox"/> 偏癱／半身不遂 Hemiplegia | <input type="checkbox"/> 肌肉萎縮症 Muscular Dystrophy |
| <input type="checkbox"/> 下肢截肢 Amputation of lower limb (Please specify): | <input type="checkbox"/> 下肢骨折 Bone Fracture of lower limb (Please specify): |

脊椎神經受損 Spinal Cord Injury

其他 (請詳細註明上述人士的疾病以及有關疾病如何導致下肢肢體傷殘行動不便)
Others (Please specify the disease of the above named person and how the disease leads to lower limb mobility disabilities)

根據 _____ (日期) 的評估，上述的殘疾情況有可能持續 _____ 個月／永久#。
According to the assessment conducted on _____ (date), the above disability condition is likely to last for _____ months / permanent#.

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:

- #須使用輪椅 Required to use wheelchair #須使用步行輔助器，請註明 Required to use walking aid and please specify : _____

衛生署或醫院管理局轄下註冊醫生簽名
Signature of registered doctor of the
Department of Health or Hospital Authority : _____
衛生署或醫院管理局轄下註冊醫生正階姓名
Name of registered doctor of the
Department of Health or Hospital Authority (BLOCK letters) : _____

衛生署或醫院管理局轄下醫院或診所名稱
Name of Hospital or Clinic under the
Department of Health or Hospital Authority : _____

聯絡電話號碼
Telephone No. : _____

日期
Date : _____

衛生署或醫院管理局轄下醫院或診所蓋印
Chop of Hospital or Clinic under
the Department of Health or the Hospital Authority

注意事項：
Points to Note:

註一
Note 1 泊車證明書由申請人及被接載的下肢肢體傷殘行動不便的殘疾人士共同持有，即申請人及被接載者均是持證人。申請人須為登記車主。如申請人沒有個人名義持有的車輛，而所使用車輛是由申請人持有的公司持有，申請人須提交由該公司股東或董事代表公司發出的授權書，證明申請人為股東並獲授權使用有關車輛，接載是次申請的下肢肢體傷殘行動不便的殘疾人士。此外，請在第一部份同時填寫公司名稱及授權代表姓名。

The Parking Certificate is jointly held by the applicant and the person with lower limb mobility disabilities to be carried, i.e. both of the applicant and the person to be carried are the holders of the Parking Certificate. Applicant must be the registered vehicle owner. If an applicant does not own a vehicle under his/ her individual name, and the vehicle under this application is owned by a company held by the applicant, the applicant should submit a letter of authorisation issued by director(s) or shareholder(s) on behalf of the company, certifying that the applicant is a shareholder and authorised to use the relevant vehicle to carry the person with lower limb mobility disabilities under this application. In addition, please fill in both the names of the company and the Authorised Representative under Part One.

註二
Note 2 申請人必須為被接載者的親屬。如申請車輛由公司持有，申請人（即公司授權代表）必須為被接載者的親屬及有關公司的股東，並獲授權使用有關車輛，接載是次申請的被接載者。若申請人不是被接載者的親屬（例如朋友），申請人須向運輸署提供相關理據、聲明/證明文件等作特別考慮。

The applicant must be a relative of the person to be carried. If the vehicle under the application is held by a company, the applicant (i.e. the authorised representative) must be a relative of the person to be carried and shareholder of the Company, and authorised to use the vehicle to carry the person to be carried under application. If the applicant is not a relative of the person to be carried (e.g. a friend), the applicant is required to provide justifications, a written declaration of their relationship, other supporting documents, etc. to the Transport Department for special consideration.

註三
Note 3 泊車證明書只接受被接載的下肢肢體傷殘行動不便的殘疾人士為經由衛生署或醫管局轄下註冊醫生簽發證明為因患有疾病或身體傷殘，以致步行有相當困難的人士（見 TD545 (Rev.01/25)「須知事項」中有關「申請資格」第 1 項）。申請人如獲簽發泊車證明書，在駕駛車輛進入及/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被接載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 a person who has considerable difficulty in walking due to diseases or physical disabilities certified by registered doctor of the Department of Health or Hospital Authority is eligible for the application of the Parking Certificate (please refer to Note 1 of “Eligibility Criteria” on TD545 (Rev.01/25) “NOTES TO HELP YOU”). If the applicant is issued a Parking Certificate, when the applicant drives the vehicle 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 in the Application Form must be on board of the vehicle. The Transport Department may cancel the Parking Certificate if misuse is found.

註四
Note 4 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。如有需要，運輸署會向申請人要求提交關於申請的其他文件，以作考慮。如申請人未能提交所需文件，有關申請可能無法處理。

The applicant must complete all parts of the application form by providing correct information and submit required documents. The Transport Department may request the applicant to submit other documents related to the application for consideration if necessary. The application may not be processed if the applicant fails to provide the documents required.

⊕ 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.