

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
AUTOMOTIVE MANAGEMENT DIVISION - PARKING CONTROL BRANCH

APPLICATION FOR PARKING PERMIT
(CONTRACT HIRES, EMERGENCY HIRES, CONTRACTORS, STATE VEHICLES)
Complete Bold Printed Items (Items 2, 6, 7, & 8)

1. CONTROL NO. _____
ALPHA TYPE ISLAND CODE PERMIT NO.

2. PERSON / COMPANY / DEPT _____ Application Date: _____
RESPONSIBLE FOR PAYING BILL _____
BILLING ADDRESS _____
PHONE NO. _____ FAX NO. _____

Payment Schedule (Check One) Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐

Permittee Name (If Applicable) _____

3. Start Date ____ / ____ / ____ 4. End Date ____ / ____ / ____ 5. Dept. Assign Code _____

6. Permittee Work Phone _____ 7. No. of Vehicles _____

8. Vehicle Information

	Primary Vehicle	Secondary Vehicle
Registered Owner	_____	_____
Year/Make	_____	_____
License No.	_____	_____
Registration Expires	_____	_____
Insurance Expires	_____	_____

9. Lot I.D. _____ 10. Stall Type _____ 11. Access Card No. _____

12. Decal No. _____ 13. Assignment Code: C or S _____ 14. Permit No. _____

Issued: MPP or YSPP For the Period _____ to _____
(For individuals, MPP issued if billing is monthly or quarterly; YSPP if billing is semi-annually or annually) Job Location : _____

PAYMENT INFORMATION

Agency Contracted From : _____

If permit is issued beginning second half of month, initial payment must be for either .5 or 1.5 months.

Cost Per Stall \$ _____ x No. of Stalls _____ x No. of Months Paid _____ = \$ _____

Amount Paid for Gate Card Deposit (Separate Check Required) = \$ _____

Total Amount Received ☐ Cash or ☐ Check = \$ _____

Check No. _____ (Gate Card Deposit) Check No. _____ (Parking Fee)

Pre-Paid for the period: _____ to _____ Date _____

Inputted by: _____ Date _____

Approved by: _____ Approved by: _____ Date: _____