

NAME:	_____	DATE:	_____
	LAST FIRST MI		
SS NO:	_____/_____/_____	WORK PHONE:	_____
DEPARTMENT/DIVISION:	_____	BUSINESS ADDRESS:	_____
DRIVERS LICENSE # :	_____	EXPIRATION DATE:	_____
EMAIL ADDRESS:	_____		

REGISTERED OWNER:	_____	REGISTERED OWNER:	_____
YEAR/MAKE/MODEL:	_____	YEAR/MAKE/MODEL:	_____
LICENSE NUMBER:	_____	LICENSE NUMBER:	_____
REGISTRATION EXPIRES:	_____	REGISTRATION EXPIRES:	_____
INSURANCE EXPIRES:	_____	INSURANCE EXPIRES:	_____

AMD-PC-001 REV. 10/24

PARKING RULES AND REGULATIONS

1. Termination of parking is done only on the 15th and last day of the month. I shall notify the Parking Control Branch Office of my termination at least twenty (20) days before my termination date; otherwise my advance will be forfeited
2. I shall not hold the State liable for any loss or damage to my vehicle (including any accessories or personal property therein) from any cause whatsoever in connection with my vehicle being parked in a DAGS parking facility.
3. I shall maintain a Valid Driver's License and Current Registration and Proof of Insurance for any vehicle I register with Parking Control.
4. I shall return ALL decal scrapings (and gate card, if applicable) to Parking Control upon termination, purchase of a new vehicle, or any transaction requiring a replacement decal or temporary permit.
5. I understand that the abuse of any Parking Rules and Regulations may result in permanent revocation of my parking privileges.
6. Stall-Share participants must abide by the restrictions as set forth in HAR Section 3-30-4.5(b).

INFORMATION TO USERS

1. For employees on the state payroll, the name and the Social Security Number must be identical to the name and S. S. No. of your latest EMPLOYEE'S EARNINGS, DEDUCTIONS, AND LEAVE STATEMENT. For new employees, the name and the Social Security Number must be identical to the name and S. S. No. on your appointing State DPS Form 5 (or SF-5A or SF-5B). (The use of an incorrect name and/or S. S. No. will make null and void this assignment).
2. This assignment supersedes (replaces) all previous assignments made to the same agent or for the same type of assignment.
3. Request for assignment or cancellation of assignment will be effective only upon a signed approval by the employee and Parking Control.
4. FLEX PARK. I understand that (a) By participating in Flex Park, my gross salary will be reduced by the total amount of my parking fees; (b) My participation in Flex Park may affect my Social Security benefits, upon retirement or disability; (c) My Flex Park enrollment will automatically continue year - to -year for the duration of the plan and my eligibility, until I cancel my enrollment; (d) To cancel my Flex Plan enrollment, I must file the necessary forms with the DAGS Parking Control Branch at least 20 days prior to the desired cancellation date. In addition, cancellations cannot be made on a retroactive basis; and (e) If I want more information or a copy of the complete Flex Park Guidelines, I can contact the DAGS Parking Control Branch at 586-0344

MONTHLY PARKING RATES EFF. 07/01/2022

(1) Oahu, Central, Honolulu			(2) Oahu, Outside Central Honolulu		
(A)	Covered Assigned	\$70	(A)	Covered Assigned	\$45
(B)	Covered Reserved	\$60	(B)	Covered Reserved	\$40
(C)	Covered Tandem Assigned	\$55	(C)	Covered Stall-Sharing	\$45
(D)	Covered Tandem Reserved	\$50	(D)	Uncovered Assigned	\$35
(E)	Covered Stall-Sharing	\$70	(E)	Uncovered Reserved	\$30
(F)	Uncovered Assigned	\$45	(F)	Uncovered Stall-Sharing	\$35
(G)	Uncovered Reserved	\$40	(G)	Motorcycle	\$15
(H)	Uncovered Tandem	\$30			
(I)	Uncovered Stall-Sharing	\$45	(3) Neighbor Islands		
(J)	Motorcycle	\$20	(A)	Covered Assigned	\$40
			(B)	Covered Reserved	\$35
			(C)	Covered Stall-Sharing	\$40
			(D)	Uncovered Assigned	\$30
			(E)	Uncovered Reserved	\$25
			(F)	Uncovered Stall-Sharing	\$30
			(G)	Motorcycle	\$15