

Registration Date

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF CUSTOMER SERVICES
DIVISION OF MOTOR VEHICLES
P.O. BOX 30330 ♦ HONOLULU, HAWAII 96820-0330

License Plate #

Emblem #

APPLICATION FOR REGISTRATION

☐ PASSENGER ☐ NON-COMMERCIAL ☐ PROPERTY CARRYING

TYPEWRITE or PRINT IN INK

Transmission: ☐ Automatic ☐ ManualMake: _____ Body Type: _____ ☐ Air ConditionMotive Power: ☐ Gas ☐ Diesel ☐ Butane ☐ Propane ☐ Electric ☐ Hybrid ☐ Plug-in Hybrid

Vehicle I.D. No.: _____

Weight: _____ Lbs. GVW: _____ Lbs. Year Model: _____

COLOR TOP OR FRONT
SelectCOLOR BOTTOM OR REAR
Select

Date Sold New: _____

☐ HVUC 8,000 lbs. OR MORE

BODY TYPE: DUMP, MSTR., TANK, TRTC., TCRN.

☐ HVUC 20,000 lbs. OR MORE

BODY TYPE: STKE., TOWK., FTBD.

Odometer Reading: _____ (NO TENTHS)

Vehicle Inspection Expires:

☐ 1. The mileage reading reflects the amount of mileage in excess of its mechanical limits.☐ 2. The odometer reading is not the actual mileage.

WARNING: ODOMETER DISCREPANCY

HOLD TITLE

OFFICE USE ONLY

Present Lic. Plate No.: _____ County or State: _____

ACCEPTED:

TITLE _____ REG _____ CAI _____ B/S _____ MSO _____

B/L _____ PERMIT NO. _____

HOLD FOR:

TITLE _____ REG _____ CAI _____ B/S _____ MSO _____

OTHER: _____

TYPEWRITE or PRINT IN INK

REGISTERED OWNER(S):

Name: _____
LAST FIRST M.I.

LAST

FIRST

M.I.

Mailing Address: _____
STREET OR P.O. BOX ADDRESS

CITY

STATE

ZIP CODE

LIENHOLDER (IF NONE, WRITE "NONE"):

Name: _____
LAST FIRST M.I.

LAST

FIRST

M.I.

Mailing Address: _____
STREET OR P.O. BOX ADDRESS

CITY

STATE

ZIP CODE

I (we) hereby certify that I am (we are) the owner(s) to the extent indicated hereon of the motor vehicle described by this application and that the foregoing statement is true to the best of my (our) knowledge and belief. If this is a properly carrying vehicle weight 6,500 pounds or less and the non-commercial block is checked. I (we) certify that the vehicle is not being operated for compensation or commercial purposes. Therefore, pursuant to Section 249-13, HRS, the vehicle weight tax shall be at the same rate as provided for a passenger vehicle.

IF FIRM, PRINT NAME AND TITLE OF AUTHORIZED PERSON

X _____ X
SIGNATURE(S) OF REGISTERED OWNER(S) SHOWN ABOVE OR IF FIRM AUTHORIZED PERSONTo be filled in by members of
U.S. military forces.

Branch of Service _____

Station _____

If vehicle purchased new
locally, dealer countersign here.

This application certified true and correct.

Name of Dealer _____

By _____

AUTHORIZED SIGNATURE