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 ❑ Manual

Make: _____ Body Type: _____ ❑ Air Condition

Motive Power: ❑ Gas ❑ Diesel ❑ Butane ❑ Propane ❑ Electric ❑ Hybrid ❑ Plug-in Hybrid

Vehicle I.D. No.: | | | | | | | | | | | | | | | | |

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

| COLOR TOP OR FRONT | COLOR BOTTOM OR REAR |
|---|---|
| Select | 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: _____

**REGISTRATION EXPIRES**

**OFFICE USE ONLY**

| | |
|---|---|
| County Tax | |
| State Tax | |
| State Registration | |
| Beautification | |
| Total Tax | |
| Plate and/or Emblem | |
| County Fee | |
| Alternative Fuel Fee | |
| ***P E N A L T Y*** | |
| County | |
| State | |
| Total Penalty | |
| Transfer Fee | |
| **TOTAL** | **$** |

**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.

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 PERSON

To 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

CS-L(MVR)1 SN 2024-08