

COUNTY OF HAWAII
DEPARTMENT OF FINANCE
VEHICLE REGISTRATION & LICENSING DIVISION
101 PAUHI STREET, SUITE #5
HILO, HAWAII 96720

APPLICATION FOR REGISTRATION OF MOTOR VEHICLE

TYPEWRITE OR PRINT IN INK

Make: _____ Model: _____ Body Type: _____

☐ Air Cond. Trans. ☐ Auto ☐ Man

Motive Power: ☐ Gas ☐ Diesel ☐ Butane ☐ Propane ☐ Electric

VIN# _____

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

COLOR TOP OR FRONT

COLOR BOTTOM OR REAR

Date Sold New: _____

Vehicle Inspection Expires: _____

Odometer Reading: _____ (No Tenths)

☐ 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.**

TITLE NUMBER

OFFICE USE ONLY

Present Lic. No. _____ State: _____

ACCEPTED:

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

B/L _____ PERMIT # _____

HOLD FOR:

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

DATE ISSUED: _____ CLERK: _____

Hawaii County is an Equal Opportunity Provider and Employer

REGISTRATION EXPIRES

OFFICE USE ONLY

County Tax

State Tax

State Registration

Beautification

Total Tax

Plate and/or Emblem

County Fee

PENALTY

County

State

Total Penalty

Transfer Fee

Total

TYPEWRITE OR PRINT IN INK

REGISTERED OWNER(S):

Name _____ LAST _____ FIRST _____ MI _____

_____ LAST _____ FIRST _____ MI _____

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

_____ CITY _____ STATE _____ ZIP CODE _____

LIENHOLDER (IF NONE, WRITE "NONE"):

Name _____

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 FIRM, PRINT NAME AND TITLE OF AUTHORIZED PERSON

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