

STATE OF HAWAII DRIVER LICENSE APPLICATION

CHECK TRANSACTION REQUESTED

LICENSE RENEWAL
 INSTRUCTION PERMIT (New, Duplicate, Renewal)
 DUPLICATE (Temporary, Lost, Name Change/Address)
 OUT OF STATE TRANSFER

For Office Use Only		
DRIVER LICENSE NUMBER/INSTRUCTION PERMIT NUMBER		
TYPE	RESTRICTION	EYE TEST
		LE RE

SOCIAL SECURITY NUMBER _____ NAME (Last, First, Middle)	DATE OF BIRTH Month (MM) Day (DD) Year (YYYY)	Do you wish to be an organ / tissue donor? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)		Do you have an advance health care directive? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAWAII PRINCIPAL RESIDENCE ADDRESS (Street and Apt. or House No., City and State, Zip Code)		Do you wish to have a Veteran designation? <input type="checkbox"/> YES
HEIGHT FT. IN. WEIGHT LBS.	COLOR HAIR COLOR EYES	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
OCCUPATION		BUSINESS ADDRESS

PLEASE CHECK ANSWER YES OR NO AND COMPLETE THE INFORMATION REQUESTED

1. Have you previously held a driver's license in Hawaii, another State or Country? YES NO
 If YES, _____ (State or Country) (Lic. No. & Exp. Date)
2. WITHIN THE LAST THREE (3) YEARS, have you:
 - A) Ever been convicted in the State of Hawaii for driving without a license? YES NO
 If YES, _____ (County) (Date)
 - B) Had an application for any driver license been refused? ... YES NO
 If YES, _____ (Date) (Reason)
 - C) Had any such license been suspended or revoked? YES NO
 If YES, _____ (Date) (Reason)
 Has such license been reinstated? YES NO
 - D) Ever been required to deposit proof of Financial Responsibility under the Motor Vehicle Financial Responsibility laws of the State of Hawaii? YES NO
3. ARE YOU WEARING CONTACT LENSES? YES NO
4. The medical information in the following three questions will be used only for the purpose of determining your eligibility to drive. The answers to the questions will be kept confidential
 - A) Within the last two years, have you had a loss of consciousness or physical control, which affected your functional ability to safely operate a motor vehicle? YES NO
 - B) Has your ability to drive been impaired (due to injury or illness) within the last two years? YES NO
 - C) If you marked "YES" to either of the above, which of the following condition(s) was it related to? (You must mark at least one box)
 - Neurologic/Orthopedic/Arthritic Conditions Blood Pressure
 - Seizure/Aneurysm/Stroke/Blackout Spells Chronic Alcoholism
 - Drug Addiction Diabetes Heart/Lung Condition
 - Other: (Explain) _____

NOTE: ALL DRIVER LICENSE RECORDS WILL BE VERIFIED THROUGH THE NATIONAL DRIVER REGISTER FOR STOPPER INFORMATION. ALL DENIED APPLICATIONS WILL REQUIRE WRITTEN CLEARANCE FROM JURISDICTION(S) THAT PLACED THE STOPPER(S).

Advance health-care directive means an individual instruction, in writing, a living will, or a durable power of attorney for health-care decisions.

Section 286-102.5, Hawaii Revised Statutes (HRS) requires all male applicants between the ages of 18 through 25 to be automatically registered with the United States Selective Service System. By submitting this application for the issuance of a permit, license, duplicate or renewal, the qualified applicant is consenting to registration with the United States Selective Service System, if so required by Federal law.

I acknowledge that my SOCIAL SECURITY number I am providing is required by Sections 19-122-1, 19-122-3, 19-122-23 and 19-122-302. Hawaii Administrative Rules, and Section 286-111, Hawaii Revised Statutes, in accordance with Section 7 of the Privacy Act and 42 United States Code, Section 405(c)2(c). I further acknowledge my SOCIAL SECURITY number, or if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the county driver licensing office, a randomly generated alternate driver license number shall be issued by this agency for the sole purpose of providing me with a driver's license.

IMPLIED CONSENT LAW: I agree to submit to a chemical test or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a police officer acting in accordance with Section 291E-11, Hawaii Revised Statutes (HRS). The license of anyone who refuses to be tested shall be subject to administrative revocation pursuant to Section 291E-41, HRS. I hereby certify, under penalty, that all the above information is true and correct, that I am the person named and described in this application.

APPLICANT'S SIGNATURE _____ DATE _____

NOTICE: Section 11-15 of the Hawaii Revised Statutes requires that a person registering to vote provide, under oath, his or her social security number, if any. An application lacking this information, therefore, will be denied. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.


SOCIAL SECURITY NUMBER 	Month (MM)	DATE OF BIRTH Day (DD)	Year (YYYY)	Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME (Last, First, Middle)				

MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)

HAWAII PRINCIPAL RESIDENCE ADDRESS (Street and Apt. or House No., City and State, Zip Code)

NOTICE: Section 11-15 of the Hawaii Revised Statutes requires that a person registering to vote provide, under oath, his or her social security number, if any. An application lacking this information, therefore, will be denied. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.

AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION (STATE OF HAWAII RESIDENTS ONLY!!)

Do you wish to register to vote? If **"NO"**, STOP!  If **"YES"**, continue on.
 Are you a registered voter in another state? YES NO
 If so, where? _____
Address/County/State/Zip (your voter registration will be cancelled in that state)
 Home Phone _____ Business Phone _____

For office use only	

Affidavit Number	
I.D. DL99	Loc. Code 98

<p>FOR FEDERAL, STATE AND COUNTY ELECTIONS (you must meet all of the following qualifications to register to vote.) I hereby swear or affirm that I am:</p> <ul style="list-style-type: none"> • A citizen of the United States: (Non-U.S. Citizens including U.S. Nationals <u>do not</u> qualify) <input type="checkbox"/> YES <input type="checkbox"/> NO • At least 16 years of age <input type="checkbox"/> YES <input type="checkbox"/> NO <p>However, I understand that I must be 18 years old by election day to vote; and</p> <ul style="list-style-type: none"> • A resident of the State of Hawaii <input type="checkbox"/> YES <input type="checkbox"/> NO <p>The residence in this affidavit is not simply because of my presence in the state, but that the residence was acquired with the intent to make Hawaii my legal residence with all of the accompanying obligations therein.</p> <p>ALL INFORMATION ON THIS AFFIDAVIT IS TRUE AND CORRECT.</p> <p>Signature _____ Date _____ If you do not sign, we will assume you do not wish to register to vote.</p>	<p>WARNING: Any person knowingly furnishing false information may be guilty of a Class C felony punishable by up to 5 years imprisonment and/or \$10,000 fine.</p>
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For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)

The office at which a person registers to vote is confidential. A person's declination to register to vote is confidential and is used for voter registration purposes only (National Voter Registration Act of 1993). §11-15 Hawaii Revised Statutes requires that a person registering to vote provide, under affirmation, a social security number. Any application lacking this information will be denied. Pursuant to Section 7 of the Privacy Act, be advised that this information may be released to government agencies for government purposes.