

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

APPLICATION FOR REGISTRATION OF MOTOR VEHICLE

TYPEWRITE OR PRINT IN INK

REGISTRATION EXPIRES

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: _____

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.**

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:** _____

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	

Hawaii County is an Equal Opportunity Provider and Employer

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