

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 \_\_\_\_\_

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:** \_\_\_\_\_

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