

COUNTY OF KAUAI
DEPARTMENT OF FINANCE
TREASURY DIVISION (MVR)

4444 RICE ST., STE 466 • LIHUE, HI 96766

APPLICATION FOR REGISTRATION

PASSENGER NON-COMMERCIAL PROPERTY CARRYING

TYPEWRITE or PRINT IN INK Transmission: Automatic Manual

Make: _____ Body Type: _____ Air Cond.

Motive Power: Gas Diesel Butane Propane Electric

Vehicle I.D. No.: _____

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

COLOR TOP OR FRONT _____ COLOR BOTTOM OR REAR _____ 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.

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

HOLD TITLE

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 \$

OFFICE USE ONLY

Present Lic. Plate No.: _____ County or State: _____

ACCEPTED:

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

BL _____ PERMIT NO. _____

HOLD FOR:

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

OTHER: _____

CS-L (MVR) 1 (Rev. 6/09)

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

~~____~~ 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