

KAUAI COUNTY DEPARTMENT OF FINANCE
RULES OF THE ADMINISTRATION OF THE
MOTOR VEHICLE SAFETY RESPONSIBILITY ACT,
CHAPTER 287, HAWAII REVISED STATUTES

Section 1. HEARING PRACTICES AND PROCEDURES.

1.1 PETITION FOR HEARING.

Any person aggrieved by any order or act of the Director of Finance under the Motor Vehicle Safety Responsibility Act may request a hearing by filing a petition in writing. The petition shall contain the following information:

- a. Petitioner's name, address, telephone number and place of employment.
- b. A designation of the specific order or act of the Director of Finance in question.
- c. A complete statement of all relevant facts.
- d. A complete statement of petitioner's interest and his position or contention, including any legal authorities in support of such position or contention.
- e. Petitioner's signature and date petition is submitted to the Director of Finance.

The Director of Finance may reject any petition which does not conform to the requirements set forth hereinabove.

1.2 PROCESSING OF PETITION.

Within ten(10) days from the receipt of the petition, the Director of Finance shall notify the petitioner in writing as to the date, time and place of the hearing. Such notice shall be

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in conformity with Chapter 91, Hawaii Revised Statutes, Administrative Procedure.

[1.3 Hearing Board. The Hearing Board shall consist of at least three(3) persons appointed by the Director of Finance.]

1.3 HEARING.

At such hearing, the Director of Finance shall afford the applicant or licensee an opportunity to be heard. Such hearing shall be conducted in conformity with the applicable provisions of said Chapter 91, Hawaii Revised Statutes.

1.4 DISPOSITION OF PETITION. [Within thirty(30) days after a hearing is held, the] The Director of Finance shall either affirm or deny the petition[. Such notice shall be] in conformity with Chapter 91, Hawaii Revised Statutes, Administrative Procedure.

Section 2. APPEAL TO CIRCUIT COURT.

Any final order or act of the Director of Finance pursuant to the authority given by the provisions of the Motor Vehicle Safety Responsibility Act or by rules or regulations, shall be subject to appeal to the Circuit Court, as provided in Section 91-14, Hawaii Revised Statutes.

Section 3. DESCRIPTION OF FORMS.

3.1 ACCIDENT REPORT REQUIRED.

The written accident report form required under Section 287-4, Hawaii Revised Statutes, shall be shown in Appendix (Exhibit 1).

3.2 EVIDENCE OF INSURANCE.

The form which is acceptable as evidence that a liability insurance policy was in effect at the time of any reportable accident under Section 287-4, Hawaii Revised Statutes, shall be shown in Appendix (Exhibit 2).

3.3 RELEASE FROM LIABILITY.

The form which is acceptable and preferred as evidence of one's release from liability shall be as shown in Appendix (Exhibit 3), although other types of release forms may also be accepted. All release forms shall be signed and verified before a person authorized to administer oaths. If the person giving the release is in the United States military service, the release form shall be executed in conformity with Section 502-47, Hawaii Revised Statutes.

• 3.4 INSTALLMENT AGREEMENT.

Any installment agreement filed with the Director of Finance as provided under the Motor Vehicle Safety Responsibility Act, shall state the names of the parties thereto, the date and location of the accident, the total amount of all installments payable, the amount of each installment and the date each installment payment is due. All installment agreements

shall be duly acknowledged by filing a copy with the Department of Finance.

3.5 FINAL ADJUDICATION OF NON-LIABILITY.

A certified copy of a judgment with respect to damages shall be acceptable as evidence of a final adjudication of non-liability for any operator or registered owner involved in a reportable accident.

3.6 SECURITY REQUIRED.

The Director of Finance shall accept the forms shown in Appendix (Exhibit 1), or any other relevant information and documents which may assist in determining the amount of security required under Section 287-5, Hawaii Revised Statutes.

3.7 ORDER OF SECURITY REQUIREMENT OF SUSPENSION.

The notice required under Section 287-6, Hawaii Revised Statutes, shall be in the form as shown in Appendix (Exhibit 4).

3.8 SECURITY DEPOSIT.

In conformity with Section 287-11, Hawaii Revised Statutes, the receipt form as shown in Appendix (Exhibit 5), shall be issued for security deposit.

3.9 RETURN OF SECURITY.

In conformity with Section 287-12, Hawaii Revised Statutes, application for the return of security may be made through the form as shown in Appendix (Exhibit 6).

3.10 EVIDENCE OF NO ACTION OF DAMAGES.

In conformity with Section 287-9(2), Hawaii Revised Statutes, the form acceptable as evidence that no action for damages arising out of the accident has been commenced shall be as shown in Appendix (Exhibit 6).

3.11 ORDER OF REQUIREMENT FOR PROOF OF FINANCIAL RESPONSIBILITY OR SUSPENSION.

Notice to file and maintain proof of financial responsibility under Section 287-20, Hawaii Revised Statutes, shall be in the form as shown in Appendix (Exhibit 7).

3.12 CERTIFICATE OF INSURANCE AS PROOF OF FINANCIAL RESPONSIBILITY.

In conformity with Section 287-22 and Section 287-23, Hawaii Revised Statutes, the acceptable form of the certificate of insurance as proof of financial responsibility shall be as shown in Appendix (Exhibit 8 or 9).

3.13 NOTICE OF CHANGE OF VEHICLE.


In conformity with Section 287-25, Hawaii Revised Statutes, the form which is acceptable evidence of a change of vehicle hereunder shall be as shown in Appendix (Exhibit 10).

3.14 NOTICE OF CANCELLATION OR TERMINATION OF INSURANCE.

In conformity with Section 287-33, Hawaii Revised Statutes, the acceptable cancellation or termination form shall be as shown in Appendix (Exhibit 11).

NOTE: Material repealed is bracketed. New material is
underscored.

These Amended Rules were adopted by the Department of
Finance and shall take effect ten days after filing with the
County Clerk, County of Kauai.



CECILIA N. RAMONES
Director of Finance

Approved this 1st day of
February, 1988

APPENDIX

- Exhibit 1 MOTOR VEHICLE ACCIDENT REPORT
- Exhibit 2 SR-21 NOTICE OF POLICY
- Exhibit 3 RELEASE ON AGREEMENT TO PAY DAMAGES
(Form deleted; refer to attorney for advice)
- Exhibit 4 NOTICE OF SUSPENSION OF LICENSE (DF/DL 42)
- Exhibit 5 SECURITY DEPOSIT (DF/DL 27)
- Exhibit 6 AFFIDAVIT FOR REFUND OF SECURITY DEPOSITED
- Exhibit 7 ORDER OF SECURITY REQUIREMENT OR SUSPENSION
- Exhibit 8 SR-22 CERTIFICATE OF INSURANCE
- Exhibit 9 SR-23 NOTICE FOR FLEETS
- Exhibit 10 SR-24 NOTICE OF CHANGE OF VEHICLE
- Exhibit 11 SR-26 NOTICE OF CANCELLATION OR TERMINATION

EXHIBIT 1

PAGE 2 OF 2 SHEET OF STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT DOT-1-174 (MVSO)

91. ACCIDENT LOCATION _____ COUNTY _____ REPORT NO. _____

92. LOCATION OF FIRST HARMFUL EVENT


INTERSECTION/JUNCTION 01 Intersection Area 02 Junction Area 03 Driveway Access 04 Alley Access	ON ROADWAY-NOT AT INT 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV Lane	OFF-ROADWAY 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median 25 Median Crossover 26 Outside ROW	OFF-ROADWAY-OTHER 30 Driveway 31 Private Road 32 Parking Lot 40 Other (Specify)
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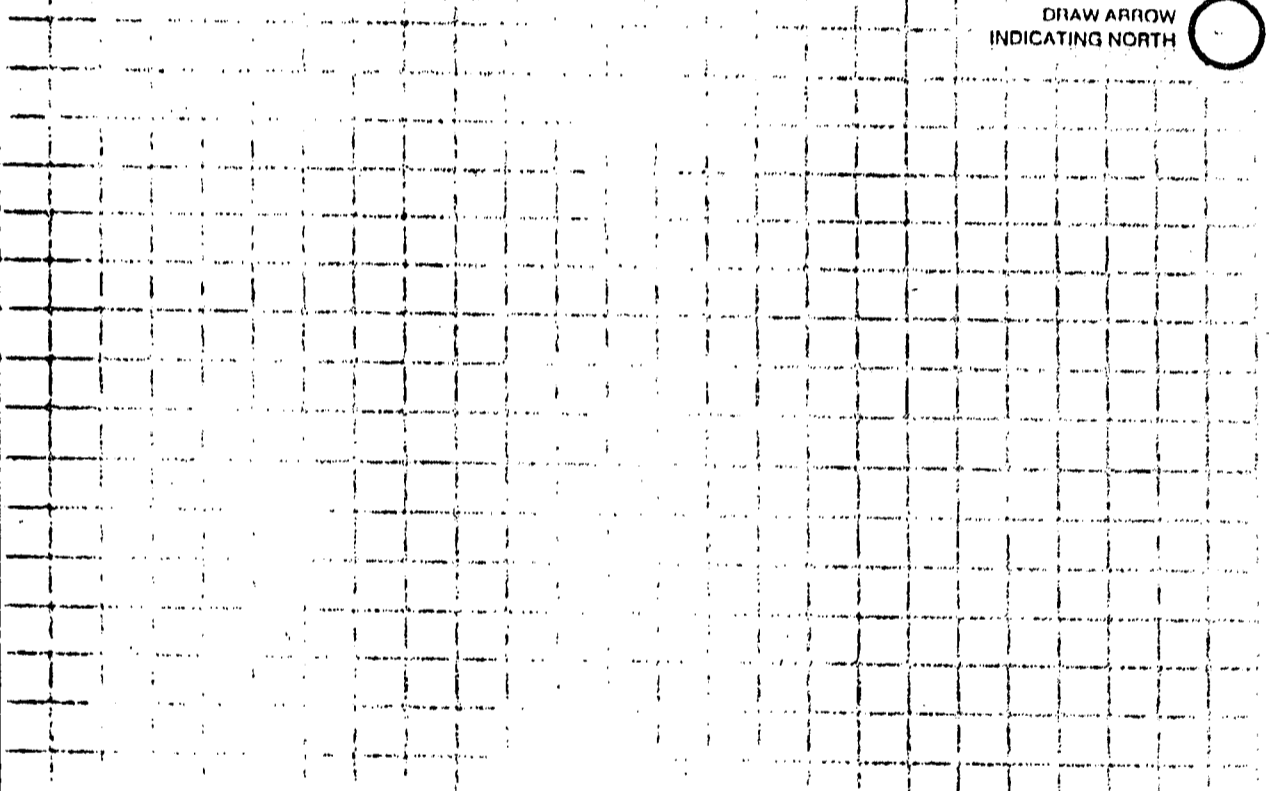
94 Check if INTERSECTION-RELATED

93. HARMFUL EVENTS

Unit	Unit or 0	Action	Unit	Unit or 0	Action
1			5		
2			6		
3			7		
4			8		

95 DRAW OBJECTS, DIRECTIONS, ETC., ACCORDING TO CURRENT PRACTICE

DRAW ARROW INDICATING NORTH 



- NON-COLLISION**
(Enter 0 in 2nd block)
- 01 Overturned on Roadway
 - 02 Overturned off Roadway
 - 03 Submersion
 - 04 Fire/Explosion
 - 05 Jackknife
 - 06 Ran Off Roadway
 - 07 Other (Specify)

- COLLISION**
(Enter 0 in 2nd block)
- OBJECT/ANIMAL**
- 10 Overhead Cables
 - 11 Guardrail
 - 12 Culvert
 - 13 Bridge/Overpass
 - 14 Underpass/Bridge/Support
 - 15 Building
 - 16 Island/Raised Median/Curb
 - 17 Embankment/Retaining Wall
 - 18 Fence
 - 19 Utility Pole
 - 20 Traffic Signal/Sign Post
 - 21 Impact Attenuator
 - 22 Standing Tree/Shrub
 - 23 Hydrant
 - 24 Animal
 - 25 Other (Specify)

- PEDESTRIAN**
- 30 Unknown
 - 31 Crossing - in Crosswalk
 - 32 Crossing - outside Crosswalk
 - 33 Crossing - no Crosswalk
 - 34 Darting Out
 - 35 Walking in Roadway
 - 36 Playing in Roadway
 - 37 Directing Traffic
 - 38 Pushing/Working on Vehicle
 - 39 Getting on/off Vehicle
 - 40 Maint/Constr Project
 - 41 Other (Specify)

96. HOW WERE THE SPEEDS ESTIMATED?

98. SHOULDER TYPE (Show on diagram if it was a factor)

0. No Shoulder 2 Unimproved 4 Gravel/Stone 6 Concrete
1. Turf 3 Graded Earth 5 Asphalt 7. Other

97. HOW WAS POINT OF IMPACT ESTABLISHED?

99. REFERENCE POINT IS _____ (FEET) _____ (DIRECTION) OF _____ (OBJECT/LANDMARK)

ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE

- BICYCLE/MOPED**
- 50 Unknown
 - 51 Riding in Bikeway
 - 52 Riding outside Bikeway
 - 53 Riding in Road - No Bikeway
 - 54 Riding off Roadway
 - 55 Crossing Roadway
 - 56 Fall in/on Roadway
 - 57 Other (Specify)

100. TIRE/SKID MARKS (FEET)

Wheel	Unit	Unit	Unit	Unit
LI-F				
Rt-F				
LI-R				
Rt-R				

OBJECT	N	S	E	W

- MOTOR VEHICLE - IN TRANSPC**
- 60 Head On
 - 61 Rear End
 - 62 Sideswipe - Same Direction
 - 63 Sideswipe - Opposite Direction
 - 64 Angle - Same Direction
 - 65 Angle - Opposite Direction
 - 66 Broadside

- MOTOR VEHICLE - OTHER**
- 70 In Other Roadway

101. ACCIDENT DESCRIPTION (Refer to Units by Number)

102 ACTIONS OF UNINVOLVED

PED	BICYC	MOPED	MC

DAY/TIME REPRODUCED _____

103. PREPARED BY _____ BADGE NO _____ DATE/TIME _____ 104. SUPERVISOR APPROVING _____ BADGE _____

EXHIBIT 4

DEPARTMENT OF FINANCE
DRIVER LICENSE SECTION
4280-A RICE STREET
LIHUE, HI 96766

TO:

Report No. _____

RE: SUSPENSION OF LICENSE No _____

You are hereby notified that all driving privileges granted you have been suspended due to your failure to furnish PROOF of FINANCIAL RESPONSIBILITY as required following your:

- accident on _____
- conviction or adjudication on _____
- cancellation (Form SR 26) from _____ advising that your insurance policy No _____ has been CANCELLED/TERMINATED, effective _____.

Your driving privileges will remain suspended for:

- two years from the accident date or until proof of financial responsibility is satisfied by one of the following:
 1. A certificate of insurance (SR21) sent to the Driver License Section, Department of Finance, 4280-A Rice Street, Lihue, HI 96766.
 2. A Release from Liability from all others involved in the accident.
 3. A Deposit of Security in the amount of \$ _____ (property damage).
 4. A Conditional Agreement to pay damages.
 5. A final adjudication of NON-LIABILITY.
- a period three years from the date of conviction/adjudication unless you provide proof of financial responsibility by one of the following:
 1. A Certificate of Insurance (SR22) sent to the Driver License Section by your insurance company.
 2. A bond as provided for in Section 287-35, Hawaii Revised Statutes.
 3. A Certificate of Deposit from Insurance Commissioner in the amount of \$25,000.
 4. A Certificate of Self-Insurance.

You are required to surrender any and all licenses or permits evidencing your privilege to drive to the Driver License Section, Department of Finance, 4280-A Rice Street, Lihue, Kauai within ten days.

Operation of a vehicle after receipt of this notice or failure to surrender all licenses or permits is punishable by a fine of \$500, or a jail term of six months, or both.

FOR THE DIRECTOR

DRIVER LICENSE SECTION

EXHIBIT 5

DEPARTMENT OF FINANCE
MOTOR VEHICLE SAFETY RESPONSIBILITY ACT
SECURITY DEPOSIT

Report No. _____

Received of _____

Receipt No. _____

Address _____

Deposit date _____

For deposit as evidence of financial responsibility in accordance with Motor Vehicle Safety Responsibility Act, Chapter 287, Hawaii Revised Statutes, the following items to cover security in connection with accident which occurred on _____, 19____, at _____

Cash _____

Money Order _____

Certified Check _____

Other Security _____

Cashier's Check _____

Check Description (No., etc.) _____

Please appear at the Driver License Section, Department of Finance, 4280-A Rice Street, Lihue, Kauai, Hawaii on _____, 19____ to review your eligibility for refund.

CECILIA N. RAMONES
Director of Finance

22

By _____
DONALD N. NISHIHARA
Examiner of Drivers

IMPORTANT: Kindly allow about three (3) weeks to process your refund application.

DO NOT DESTROY THIS RECEIPT, IT MUST BE SUBMITTED TO OBTAIN ANY POSSIBLE REFUND.

EXHIBIT 6

DEPARTMENT OF FINANCE
MOTOR VEHICLE SAFETY RESPONSIBILITY ACT
AFFIDAVIT FOR REFUND OF SECURITY DEPOSITED

State of Hawaii)
County of Kauai)

Report No. _____
Date of Accident _____

_____, being duly sworn, says:

- (1) I reside at _____, in the Town or city of _____, County of _____ State of Hawaii.
- (2) On _____, 19____, I was involved in an accident as a _____, of a _____, as a result of which I became subject to the Motor Vehicle Safety Responsibility Act.
(Owner and/or Operator) (Describe Vehicle)
- (3) [] That two years has elapsed since said accident: no action against me for damages because of said accident is now pending and there is no unsatisfied judgment against me arising from said accident.
- [] A release from liability with respect to all claims for injuries or damages resulting from said accident has been obtained by affiant from all aggrieved parties.
(Copy of such release must accompany this affidavit)
- [] A duly acknowledged, written agreement has been executed by affiant providing for the payment of an agreed amount in installments to cover all claims for injuries or damages resulting from said accident.
(Copy of said agreement must accompany this affidavit)

DATE OF DEPOSIT: _____ AMOUNT DEPOSITED _____ RECEIPT No _____

(Signature of Affiant)

Sworn to before me this _____ day of _____, 19____

Notary Public, State of Hawaii
My commission expires _____

EXHIBIT 7

DEPARTMENT OF FINANCE
Driver License Section
4280-A Rice Street
Lihue, Hawaii 96766
Telephone: 245-1644

Report No. _____

RE: ORDER OF SECURITY REQUIREMENT OR SUSPENSION (Motor Vehicle Safety Responsibility Act)

ACCIDENT DATE _____ LOCATION: _____

VEHICLE: _____ DRIVER LICENSE: _____ DATE OF BIRTH: _____

TO:

As a result of your involvement in the subject accident, you are subject to the provisions of the Motor Vehicle Safety Responsibility Act, Chapter 287, Hawaii Revised Statutes.

THEREFORE, your driving privilege shall become suspended pursuant to Section 287-6, Hawaii Revised Statute unless you: (1) Appeal said suspension by requesting a hearing 20 days prior to the effective date of this order. Such hearing shall be conducted in accordance with the provisions of Chapter 91, Hawaii Revised Statutes. If you desire such a hearing, you may be represented by counsel and you must contact the Driver License Section, Department of Finance, for further information; or (2) SATISFY the appropriate conditions stated below (See "NOTICE"); or (3) DEPOSIT the amount of security required (indicated below) prior to the effective date of this ORDER (indicated below).

ORDER OF SUSPENSION: In the event you do not comply with any of the requirements stated above, your driving privilege and all licenses evidencing such privilege to drive SHALL become suspended on the EFFECTIVE DATE OF THIS ORDER (indicated below). All such licenses MUST BE SURRENDERED to the Driver License Section on or before the suspension date. IF YOU POSSESSED A VALID INSURANCE POLICY AT THE TIME OF ACCIDENT, REFER TO ITEM (1) BELOW.

FOR THE DIRECTOR

By: _____
Driver License Section

AMOUNT OF SECURITY REQUIRED: \$ _____ THIS ORDER EFFECTIVE 10 DAYS FROM: _____

NOTICE

YOU MAY RETAIN YOUR DRIVING PRIVILEGE by satisfying any of the following conditions on or before the effective date of this Order (see above).

(1) INSURANCE AT TIME OF ACCIDENT

File evidence (Form SR-21) with this Department that there was an auto liability insurance policy in effect at the time of the accident for your benefit issued by an insurance company authorized to do business in the State of Hawaii. Contact your insurance company for this prescribed certificate (Form SR-21). Insurance policies, binders, cards, letters, statements, etc. are not acceptable.

(2) NO INSURANCE AT TIME OF ACCIDENT

- (a) Deposit with this Department the AMOUNT OF SECURITY REQUIRED (see above) in cash, certified or cashier's check, postal or personal money order or surety bond. If civil suit or judgement is rendered against you within two (2) years from the accident or suspension date, you may apply for refund of your security.
- (b) File evidence with this Department of your RELEASE FROM LIABILITY with respect to injuries or damages to others resulting from the accident. Documents must be signed in the presence of a person authorized to administer oaths to be acceptable.
- (c) File evidence with this Department of a written agreement providing for payment of an agreed amount with respect to actual claims for injuries and damages resulting from the accident. THE AGREEMENT must be signed by you in the presence of a person authorized to administer oaths and acknowledged by the claimant.
- (d) File evidence with this Department of your FINAL ADJUDICATION OF NON-LIABILITY with respect to injuries or damages to others resulting from the accident. The copy of the judgement document must be certified by the court to be acceptable.

YOU MAY REGAIN YOUR DRIVING PRIVILEGE after it has been suspended by complying with any of the conditions stated above or by filing evidence with this Department that during the two (2) year period following THIS SUSPENSION, no civil suit for injuries or damages resulting from the accident has been filed against you.

Section 287-44 PENALTIES: Any person whose license has been suspended or revoked under the Motor Vehicle Safety Responsibility Act and who during such suspension or revocation drives any motor vehicle upon any highway or any person failing to SURRENDER his license as required by the Act shall be fined no more than \$500.00 or imprisoned not more than (6) months or both.

This action is taken under the authority of the Motor Vehicle Safety Responsibility Act, Chapter 287, Hawaii Revised Statutes.

EXHIBIT 8

Name and
Address of
Insurance Company

INSTRUCTIONS:

MAIL ORIGINAL AND ANY REQUIRED COPY(IES) TO THE ADMINISTRATIVE AUTHORITY.

IF SPACE FOR VEHICLE DESCRIPTION IS INSUFFICIENT TO CONTAIN ALL MOTOR VEHICLES COVERED, PREPARE A LIST ON PAPER OF IDENTICAL WIDTH AND PASTE ON.

SR-32 AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM (Original)

Insured { Name _____
Last First Middle
Address _____

Case Number	Driver's License Number	Birth Date	Social Security Number
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Current Policy Number _____ Effective From _____

This certification is effective from _____ and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State. The insurance hereby certified is provided by an:

OWNER'S POLICY: Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

Model Year	Trade Name	Identification Number

OPERATOR'S POLICY: Applicable to any non-owned vehicle.

(State) _____ **FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE**

The company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company _____
Date _____ By _____

EXHIBIT 9

UNIFORM FINANCIAL RESPONSIBILITY FORMS PROGRAM

SR-23 NOTICE FOR FLEETS
A.A.M.V.A. UNIFORM FINANCIAL RESPONSIBILITY FORM

SR-23 A.A.M.V.A. UNIFORM FINANCIAL RESPONSIBILITY FORM (Original)

Insured { Name _____
 Last First Middle
 Address _____

Current Policy Number _____ Effective From _____

This notification is effective from _____ and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State.

_____ FINANCIAL RESPONSIBILITY NOTICE FOR FLEETS
(State)

The company signatory hereto hereby gives notice that it has issued to the above named insured an automobile liability policy providing limits of liability at least equal to the limits required by the financial responsibility laws of this State, which policy is in effect on the effective date stated above.

_____ Name of Insurance Company

Notification Date _____ By _____
Signature of Authorized Representative

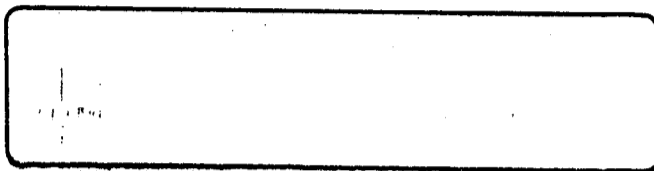
IRU 3542B

Purpose

This form should be filed at the inception date of the policy when the company insures all the owned cars of a risk owning five or more automobiles. Indication on the accident report form that an SR-23 is on file makes it unnecessary to complete the insurance information. This form gives notice that the company has issued to the in-

insured an automobile liability policy providing limits of liability at least equal to the limits required by the financial responsibility laws of the state, which policy is in effect on the effective date stated in the Notice. Further, this Notice continues in effect until cancelled or terminated in accordance with the financial responsibility laws and regulations of the state.

EXHIBIT 10



Name and
Address of
Insurance Company

INSTRUCTIONS:

MAIL ORIGINAL AND ANY REQUIRED COPY(IES) TO THE ADMINISTRATIVE AUTHORITY.

SR-24 AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM (Original)

Insured { Name _____
Last First Middle
Address _____
Current Policy Number _____ Effective From _____
This notification is effective from _____

(State) NOTICE OF CHANGE OF VEHICLE UNDER FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE

The company signatory hereto hereby gives notice that the insurance certified by the company in its Financial Responsibility Insurance Certificate heretofore filed on behalf of the above named insured is amended as of the effective date of this notice to be applicable with respect to the motor vehicle described as:

Model Year	Trade Name	Identification Number
and is no longer applicable as of such date to the motor vehicle described as:		

Name of Insurance Company

Date _____ By _____
Signature of Authorized Representative

IRB 8648B

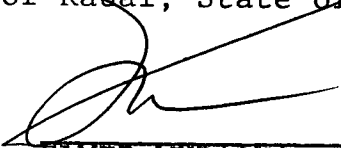
CERTIFICATION

I, Elmer Muraoka, Deputy Director of Finance, Department of Finance, County of Kauai, do hereby certify:

1. That the foregoing is a true and correct copy of the Amended Rules of the Department of Finance on matters relating to The Administration of the Motor Vehicle Safety Responsibility Act, Chapter 287, Hawaii Revised Statutes.

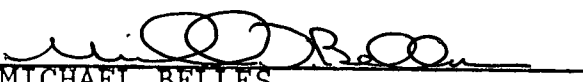
2. That notice of public hearing on the foregoing Amended Rules, which notice included a statement of the substance of the proposed changes, was published in The Garden Island Newspaper on December 8, 1987, and in the Kauai Times on December 9, 1987.

3. That said Amended Rules were adopted by the Department of Finance on February 1, 1988 and shall become effective ten (10) days after ~~filing with~~ the Office of the County Clerk, County of Kauai, State of Hawaii.



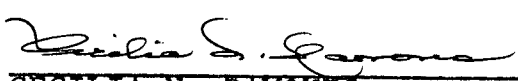
ELMER MURAOKA
Deputy Director of Finance

APPROVED AS TO FORM ON THIS 1st DAY OF February 1988 :



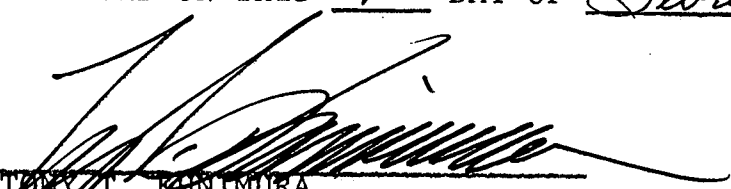
MICHAEL BELLES
County Attorney, County of Kauai

APPROVED ON THIS 1st DAY OF February 1988 :



CECILIA N. RAMONES
Director of Finance, County of Kauai

APPROVED ON THIS 1st DAY OF February 1988 :



TONY T. KONIMURA
Mayor, County of Kauai

CERTIFICATION OF COUNTY CLERK:

I hereby certify that on Feb 8, 1988, I have accepted for filing from the Department of Finance the Amended Rules relating to The Administration of the Motor Vehicle Safety Responsibility Act adopted on February 1, 1988.



JEROME Y. K. HEW
County Clerk, County of Kauai