Reset Form

COUNTY OF KAUAI
DEPARTMENT OF FINANCE
VEHICLE REGISTRATION & LICENSING
DIVISION 4444 RICE STREET, SUITE #466
LIHUE, HAWAII 96766

APPLICATION FOR REGISTRATION OF MOTOR VEHICLE

☐ PASSENGER ☐ NON-COMMERICAL ☐ PROPERTY CARRYING

TYPEWRITE OR PRINT IN INK

Make: _____ Model: _____ Body Type: _____

☐ Air Cond. Trans. ☐ Aut ☐ 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:

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 ISSUED

REGISTRATION EXPIRES

OFFICE USE ONLY

County Tax	
State Tax	
State Registration	
Beautification	
Total Tax	
Plate and/or Emblem	
County Fee	

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 _____

OTHER: _____

PENALTY

County	
State	
Total Penalty	
Transfer Fee	
Total	

Kauai County is an Equal Opportunity Provider and Employer

TYPEWRITE OR PRINT IN INK

RO PHONE # _____

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 this is a property 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

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