

# STATE OF HAWAII DRIVER'S LICENSE APPLICATION

For Office Use Only		
DRIVER'S LICENSE/ INSTRUCTION PERMIT NUMBER		
TYPE	RESTRICTION	EYE TEST LE      RE

- CHECK TRANSACTION REQUESTED**
- DRIVER'S LICENSE RENEWAL
  - INSTRUCTION PERMIT (New, Duplicate, Renewal)
  - DUPLICATE (Temporary, Lost, Name/Address Change)
  - OUT OF STATE TRANSFER

*In accordance with 6 CFR Part 37.29 (a) and §286-306 (c), HRS, an individual may hold only one REAL ID-compliant card. An individual cannot hold a REAL ID-compliant State ID card and REAL ID-compliant driver's license. A REAL ID-compliant card is an accepted form of ID for domestic air travel and accessing Federal facilities.*

Provided all REAL ID required documentation has been provided, do you wish to designate your driver's license or instruction permit as your REAL ID-compliant card (with a star in a gold circle)?     YES       NO

SOCIAL SECURITY NUMBER ____ - ____ - ____	DRIVER'S LICENSE NUMBER H _____	DATE OF BIRTH (mm-dd-yyyy) __ / __ / ____	Do you wish to be an organ / tissue donor? <input type="checkbox"/> YES <input type="checkbox"/> NO				
FULL LEGAL NAME (Last, First, Middle, Suffix)			Do you have an advance health-care directive? <input type="checkbox"/> YES <input type="checkbox"/> NO				
MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)			Do you wish to have a Veteran designation? <input type="checkbox"/> YES				
HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)			<i>NOTE: Applicable to any person who served in any of the uniformed services of the United States and was discharged under conditions other than dishonorable. Documentary evidence required.</i>				
HEIGHT	FT.    IN.	WEIGHT		LBS.	COLOR HAIR	COLOR EYES	GENDER DESIGNATION
PHONE NO. (Optional)	OCCUPATION		BUSINESS ADDRESS (Street or P.O. Box, City, State and Zip Code)				

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| <p>1. Have you previously held a driver's license in Hawaii, another State or Country? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>If YES, _____<br/><span style="font-size: small;">(State or Country)                      (Lic. No. &amp; Exp. Date)</span></p> <p>2. WITHIN THE LAST THREE (3) YEARS, have you:</p> <p>A) Ever been convicted in the State of Hawaii for driving without a license? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>If YES, _____<br/><span style="font-size: small;">(County)                                      (Date)</span></p> <p>B) Had an application for any driver's license refused?..... <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>If YES, _____<br/><span style="font-size: small;">(Date)                                      (Reason)</span></p> <p>C) Had any such license suspended or revoked? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>If YES, _____<br/><span style="font-size: small;">(Date)                                      (Reason)</span><br/>Has such license been reinstated? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>D) Ever been required to deposit proof of Financial Responsibility under the Motor Vehicle Financial Responsibility laws of the State of Hawaii? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> | <p>3. ARE YOU WEARING CONTACT LENSES? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>4. The medical information disclosed will be used only for the purpose of determining your eligibility to drive. The answers provided will be kept confidential.</p> <p>A) Within the past two years have you had a seizure or convulsion, stroke or TIA (mini-stroke), suffered from any episodes of confusion, or had a blackout spell? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>B) Have you had a loss of consciousness or confusion due to high or low blood sugar? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>C) Do you have any trouble moving your body that keeps you from driving safely? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>D) Do you use drugs or alcohol that affect your driving? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>E) Do you have Alzheimer's, dementia or memory loss? ..... <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> |
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**NOTE: ALL DRIVER'S LICENSE RECORDS WILL BE VERIFIED THROUGH THE NATIONAL DRIVER REGISTER FOR STOPPER INFORMATION. ALL DENIED APPLICATIONS WILL REQUIRE WRITTEN CLEARANCE FROM THE JURISDICTION(S) THAT PLACED THE STOPPER(S).**

**Advance health-care directive** means an individual instruction, in writing, a living will, or a durable power of attorney for health-care decisions.

**Section 286-102.5, Hawaii Revised Statutes** requires all male applicants between the ages of 18 through 25 to be automatically registered with the United States Selective Service System. By submitting this application or supporting documentation, for the issuance of a permit, license, duplicate or renewal, the qualified applicant is consenting to registration with the United States Selective Service System, if so required by Federal law.

I acknowledge that my SOCIAL SECURITY number I am providing is as required by Sections 19-122-1, 19-122-3, 19-122-23, 19-122-302 and 19-122-307, Hawaii Administrative Rules, Section 286-111, Hawaii Revised Statutes, and in accordance with Section 7 of the Privacy Act and 42 United States Code, Section 405(c)(2)(c). I further acknowledge my SOCIAL SECURITY number, or if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the county driver licensing office, or unwilling to provide a social security number, an assigned substitute number shall be issued by this agency for the sole purpose of providing me with a driver's license. Your social security number or assigned substitute number will **not** be printed on your card.

**IMPLIED CONSENT LAW:** I agree to submit to a chemical test or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a police officer acting in accordance with Section 291E-11, Hawaii Revised Statutes (HRS). The license of anyone who refuses to be tested shall be subject to administrative revocation pursuant to Section 291E-41, HRS.

**MOTOR VOTER:** The Driver's License Application will be used to update the voter registration record of currently registered voters in the State of Hawaii, unless the applicant affirmatively declines on page 2 of this application (National Voter Registration Act of 1993).

I hereby certify, under penalty of perjury, that all of the information provided is true and correct and that I am the person named and described in this application. I understand that providing false information may be a violation of Federal and State law.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Voter Registration Application

To register to vote, review the information and complete the application below. If you are currently registered to vote in the State of Hawaii, the information provided will be used to update your voter registration record. All registered voters will receive a ballot in the mail.

I do not want the information on this form to be used to update my voter registration record.

DRIVER'S LICENSE NUMBER H _____		DATE OF BIRTH (mm-dd-yyyy) __ / __ / ____	
FULL LEGAL NAME (Last, First, Middle)			
MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)			
HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)			
PHONE NUMBER		EMAIL ADDRESS	

### QUALIFICATIONS

If you answer "No" to any of the questions below, DO NOT complete this form.

Are you a citizen of the United States of America?  Yes  No

Are you at least 16 years of age? (Must be 18 to vote)  Yes  No

Are you a resident of the State of Hawaii?  Yes  No

The residence stated in this affidavit is not simply because of my presence in the State, but was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein.

ARE YOU REGISTERED TO VOTE IN ANOTHER STATE? Provide your last registered address, county, state, and zip code.


Yes. I hereby authorize cancellation of my previous registration.

### WARNING: Any person who knowingly furnishes false information may be guilty of a Class C felony.

I hereby swear (or affirm) that all information furnished on this voter registration application is true and correct.

Signature:

Date:

Office Use Only	ID Number <b>DL99</b>	Location Code <b>98</b>	Document Number	
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Notice: The identity of the voter registration agency through which any particular voter was registered shall not be publicly disclosed. A person's declination to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993).

**For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)**