

STATE OF HAWAII IDENTIFICATION CARD APPLICATION

CHECK TRANSACTION REQUESTED:

INITIAL

RENEWAL

DUPLICATE (Lost, Name/ Address Changes)

For Office Use Only

STATE ID NUMBER

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

Do you currently hold a valid REAL ID compliant driver's license, instruction permit or State identification card issued by Hawaii or another U.S. jurisdiction? YES NO

SOCIAL SECURITY NUMBER ____ - ____ - ____
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STATE IDENTIFICATION CARD NUMBER S _____
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DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____
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FULL LEGAL NAME (Last, First, Middle, Suffix)

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)

HEIGHT FT.	IN.	WEIGHT (LBS.)	HAIR COLOR	EYE COLOR	GENDER DESIGNATION	MALE	FEMALE	NOT SPECIFIED	Do you wish to be an organ/ tissue donor?	Do you have an advance health-care directive?	
									YES	YES	NO

Do you wish to have a Veteran designation? YES (You must provide proof that you served in any of the uniformed services of the U.S. and was discharged under conditions other than dishonorable.)	Are you a United States citizen? YES NO
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PLACE OF BIRTH (City, State, Country)	OCCUPATION
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EMERGENCY CONTACT NAME (Last, First)	EMERGENCY CONTACT RELATIONSHIP
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EMERGENCY CONTACT ADDRESS (Street and Apt. or House No., or P.O. Box, City, State/ Country and Zip Code)
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EMERGENCY CONTACT PHONE NUMBER (Include the area code, IDD Prefix and/ or country code)

ADVANCE HEALTH-CARE DIRECTIVE means an individual's instruction, in writing, a living will, or a durable power of attorney for health care decisions.

SOCIAL SECURITY NUMBER: I acknowledge that my social security number I am providing is as required by Sections 19-149-3 and 19-149-9, Hawaii Administrative Rules, Section 286-303(c)(8), 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 examiner of drivers, an assigned substitute number shall be issued by this agency for the sole purpose of providing me with a state identification card. Your social security number or assigned substitute number will **not** be printed on your card.

U.S. SELECTIVE SERVICE SYSTEM: Federal law requires all qualified 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.

NON-COMPLIANT STATE ID: Pursuant to Act 233, SLH 2019, a non-compliant state identification card shall be issued to an applicant who has physical or intellectual disabilities for whom application in person would cause a serious burden. A licensed primary care provider must certify that a severe disability causes the applicant to be homebound.

AUTOMATIC VOTER REGISTRATION: In accordance with Act 126, SLH 2021, your State Identification Card Application shall not be processed until you complete the voter registration portion of this application (see page 2) and indicate your choice of whether to register to vote. If you are already registered to vote, your information indicated on this application will be forwarded to election officials to update your voter registration unless you indicate on page 2 that you decline any changes being made to your name and address for voter registration purposes. However, if you present a document demonstrating a lack of United States citizenship, your information will not be transmitted to election officials for voter registration purposes.

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

Are you a registered voter? **YES** **NO**

If you are currently registered to vote in the State of Hawaii, the information provided will be used to update your name and/or address in your voter registration record. If you are not registered to vote, you may complete and sign the application below to become a registered voter.

I DECLINE the opportunity to register to vote or make changes to my voter registration record.

(Please confirm that the information between the dark lines was transferred from page 1 and clearly visible.)

	STATE IDENTIFICATION CARD NUMBER S _ _ _ _ _	DATE OF BIRTH (mm/dd/yyyy) _ _ / _ _ / _ _ _ _
	FULL LEGAL NAME (Last, First, Middle, Suffix)	
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)		

Additional contact information for voter registration:

PHONE NUMBER	EMAIL
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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.

IF YOU ARE DISABLED AND ARE UNABLE TO READ STANDARD PRINT, WOULD YOU LIKE TO RECEIVE AN ELECTRONIC BALLOT?

Yes. I am disabled and unable to read standard print and would like to request an electronic ballot be sent to my email address indicated on this application.

Applicant must provide an email address to receive an electronic ballot.


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:

X

DATE:

Office Use Only	ID Number SSID	Location Code 98	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) or contact your County Elections Division.