

Before completing the form below, please review the

***Driver License Requirements***

found at: <http://www1.honolulu.gov/csd/vehicle/dlrequirements.htm>

**IMPORTANT**

Print all requested information - Use ball point pen.

**STATE OF HAWAII  
DRIVER'S LICENSE APPLICATION**

**CHECK TRANSACTION REQUESTED**

- LICENSE RENEWAL
- INSTRUCTION PERMIT (New, Duplicate, Renewal)
- OUT OF STATE TRANSFER
- DUPLICATE (Temporary, Lost, Name Change/Address)

DRIVER LICENSE NUMBER/INSTRUCTION PERMIT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH MO. DAY YEAR	TYPE	RESTRICTION	EYE-TEST LE RE
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NAME (Last, First, Middle)

MAILING ADDRESS (Street or P.O. Box, City, State, Zip Code)

HOME ADDRESS (Street or P.O. Box, City, State, Zip Code; if no street address, describe location of residence)

Do you wish to be an organ donor?  YES  NO

HEIGHT	FT.	IN.	WEIGHT	LBS.	COLOR HAIR	COLOR EYES	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Do you have an advance health-care directive? <input type="checkbox"/> YES <input type="checkbox"/> NO
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OCCUPATION	BUSINESS ADDRESS	PLACE OF BIRTH
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**PLEASE CHECK ANSWER YES OR NO AND COMPLETE THE INFORMATION REQUESTED**

1. Have you previously held a driver's license in Hawaii, another State or Country?  YES  NO  
If YES, \_\_\_\_\_ (State or Country) (Lic. No. & Exp. Date)
2. WITHIN THE LAST THREE (3) YEARS, have you:
  - A) Ever been convicted in the State of Hawaii for driving without a license?  YES  NO  
If YES, \_\_\_\_\_ (County) (Date)
  - B) Had an application for any driver license been refused?  YES  NO  
If YES, \_\_\_\_\_ (Date) (Reason)
  - C) Had any such license been suspended or revoked?  YES  NO  
If YES, \_\_\_\_\_ (Date) (Reason)  
Has such license been reinstated?  YES  NO
  - D) Ever been required to deposit proof of Financial Responsibility under the Motor Vehicle Financial Responsibility laws of the State of Hawaii?  YES  NO
3. ARE YOU WEARING CONTACT LENSES?  YES  NO
4. The medical information in the following three questions will be used only for the purpose of determining your eligibility to drive. The answers to the questions will be kept confidential
  - A) Within the last two years, have you had a loss of consciousness or physical control, which affected your functional ability to safely operate a motor vehicle?  YES  NO
  - B) Has your ability to drive been impaired (due to injury or illness) within the last two years?  YES  NO
  - C) If you marked "YES" to either of the above, which of the following condition(s) was it related to? (You must mark at least one box)
    - Neurologic/Orthopedic/Arthritic Conditions  Blood Pressure
    - Seizure/Aneurysm/Stroke/Blackout Spells  Chronic Alcoholism
    - Drug Addiction  Diabetes  Heart/Lung Condition
    - Other: (Explain) \_\_\_\_\_

**NOTE: ALL DRIVER LICENSE RECORDS WILL BE VERIFIED THROUGH THE NATIONAL DRIVER REGISTER FOR STOPPER INFORMATION. ALL DENIED APPLICATIONS WILL REQUIRE WRITTEN CLEARANCE FROM 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 (HRS)** 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 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 required by Sections 19-122-1, 19-122-3 and Section 19-122-23, Hawaii Administrative Rules, 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, a randomly generated alternate driver license number shall be issued by this agency for the sole purpose of providing me with a driver's license.

**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. I hereby certify, under penalty, that all the above information is true and correct, that I am the person named and described in this application.

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

DRIVER LICENSE NUMBER/INSTRUCTION PERMIT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH MO. DAY YEAR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME (Last, First, Middle)			
MAILING ADDRESS (Street or P.O. Box, City, State, Zip Code)			
HOME ADDRESS (Street or P.O. Box, City, State, Zip Code; if no street address, describe location of residence)			

NOTICE: Section 11-15 of the Hawaii Revised Statutes requires that a person registering to vote provide, under oath, his or her social security number, if any. An application lacking this information, therefore, will be denied. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.

**AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION (STATE OF HAWAII RESIDENTS ONLY!!)**

Do you wish to register to vote? If **“NO”**, **STOP!** If **“YES”**, continue on.

Are you a registered voter in another state?  YES  NO

If so, where? \_\_\_\_\_  
Address/County/State/Zip (your voter registration will be cancelled in that state)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**For office use only**

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Affidavit Number

I.D. DL99      Loc. Code 98

**FOR FEDERAL, STATE AND COUNTY ELECTIONS (you must meet all of the following qualifications to register to vote.)**  
 I hereby swear or affirm that I am:

- A citizen of the United States: (Non-U.S. Citizens including U.S. Nationals do not qualify) .....  YES  NO
- At least 16 years of age .....  YES  NO

However, I understand that I must be 18 years old by election day to vote; and

- A resident of the State of Hawaii .....  YES  NO

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

ALL INFORMATION ON THIS AFFIDAVIT IS TRUE AND CORRECT.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
**If you do not sign, we will assume you do not wish to register to vote.**

**WARNING: Any person knowingly furnishing false information may be guilty of a Class C felony punishable by up to 5 years imprisonment and/or \$10,000 fine.**

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

The office at which a person registers to vote is confidential. A person's declination to register to vote is confidential and is used for voter registration purposes only (National Voter Registration Act of 1993). §11-15 Hawaii Revised Statutes requires that a person registering to vote provide, under affirmation, a social security number. Any application lacking this information will be denied. Pursuant to Section 7 of the Privacy Act, be advised that this information may be released to government agencies for government purposes.