

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HIGHWAYS DIVISION
MOTOR VEHICLE SAFETY OFFICE
98-339 PONOHAHA PLACE
AIEA, HAWAII 96701
TELEPHONE: (808) 692-7661

EXEMPT VEHICLE

I, _____, am the owner and operator of a _____, _____,
(Registered owner) (Year) (Make)
_____, _____, _____,
(Model) (License Number) (Serial Number/VIN)

tare weight of _____ pounds and a manufacturer's gross vehicle weight rating of _____ pounds.

Description of vehicle/equipment: _____.

This vehicle is for my _____ use only and it will not be used in the furtherance of any Commercial,
(personal or farm)
Industrial or Educational enterprise(s).*

I certify the above information to be true and correct.

(Print Name and Title) (Phone Number)

(Street Address/City/State/Zip Code)

(Mailing Address/City/State/Zip Code)

TO WHOM IT MAY CONCERN:

The aforementioned vehicle is EXEMPT from all Motor Carrier Safety Vehicle Inspections. This vehicle should be inspected under the county operated vehicle inspection program. A valid safety inspection sticker affixed to the rear bumper of the vehicle will be sufficient.

(Motor Carrier Safety Officer Signature/ Badge No.) Date: _____ Time: _____

*Note: Vehicles listed in Hawaii Revised Statutes, Sections 286-207 and 286-208 are exempt from the Motor Carrier Safety Rules and Regulations.

**This vehicle exemption does not exempt individual from driver license requirements.
A copy of this form must be kept in the vehicle at all times.**