

STATE OF HAWAII IDENTIFICATION CARD APPLICATION CHECK TRANSACTION REQUESTED: <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE	FOR OFFICE USE ONLY: SID NUMBER
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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 State identification card as your REAL ID-compliant card (with a star in a gold circle)? YES NO

SOCIAL SECURITY NUMBER _____ - _____ - _____	STATE ID NUMBER S _____	DATE OF BIRTH (mm/dd/yyyy) _____ - _____ - _____
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FULL LEGAL NAME	LAST	FIRST	MIDDLE, SUFFIX
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MAILING ADDRESS	STREET OR P.O. BOX	APT. NO.	CITY	STATE/ COUNTRY	ZIP CODE
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HAWAII PRINCIPAL RESIDENCE ADDRESS	STREET ADDRESS	APT. NO.	CITY	STATE/ COUNTRY	ZIP CODE
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HEIGHT	FEET	INCHES	WEIGHT	LBS.	COLOR HAIR	COLOR EYES	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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PLACE OF BIRTH	CITY / STATE / COUNTRY	OCCUPATION
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DO YOU WISH TO BE AN ORGAN / TISSUE DONOR? <input type="checkbox"/> YES	DO YOU HAVE AN ADVANCE HEALTH-CARE DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU WISH TO HAVE A VETERAN DESIGNATION? <input type="checkbox"/> YES <i>NOTE: Applicable to any person who served in any uniformed services of the United States and was discharged under conditions other than dishonorable. Documentary evidence required.</i>	CITIZENSHIP
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EMERGENCY CONTACT	NAME (LAST, FIRST)	RELATIONSHIP
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EMERGENCY CONTACT ADDRESS	STREET OR P.O. BOX	APT. NO.	CITY	STATE/ COUNTRY	ZIP CODE
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EMERGENCY CONTACT TELEPHONE	AREA CODE □□□	NUMBER □□□□ - □□□□	OR	IDD PREFIX	COUNTRY CODE	NUMBER
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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 that 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.

Federal law requires all male applicants between the ages of 18 through 25 to register with the United States Selective Service System. By submitting this application for the issuance of a state identification card, duplicate or renewal, the qualified applicant is consenting to the automatic registration with the United States Selective Service System, if so required by Federal law.

The Identification Card 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 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 and Permanent Absentee Application

To register to vote or to receive an absentee ballot permanently by mail 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.

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

		STATE ID NUMBER		DATE OF BIRTH (mm/dd/yyyy)	
		S _____		____ - ____ - ____	
FULL LEGAL NAME	LAST		FIRST		MIDDLE, SUFFIX
MAILING ADDRESS	STREET OR P.O. BOX		APT. NO.	CITY	STATE/ COUNTRY
					ZIP CODE
HAWAII PRINCIPAL RESIDENCE ADDRESS	STREET ADDRESS		APT. NO.	CITY	STATE/ COUNTRY
					ZIP CODE
CONTACT	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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you at least 16 years of age? (Must be 18 to vote) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a resident of the State of Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> 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.					
<input type="checkbox"/> Yes. I hereby authorize cancellation of my previous registration.					
WOULD YOU LIKE TO PERMANENTLY RECEIVE ABSENTEE BALLOTS BY MAIL?					
<input type="checkbox"/> Yes. I request to permanently receive absentee ballots at the mailing address associated with my voter registration.					
I understand that my permanent absentee voter status will be terminated if: 1) I request termination in writing; 2) I die, lose voting rights, register in another jurisdiction, or am otherwise disqualified from voting; 3) my absentee ballot, voter notification postcard, or any other election mail is returned to the clerk as undeliverable for any reason; or 4) I do not return my ballot by 6:00 PM on election day in both the primary and general election of an election year. If so, I understand that I must reapply for permanent absentee status.					
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 application is true and correct.					
Signature:				Date:	
Office Use Only	ID Number		Location Code		Document Number
	SID99		98		
					

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)