STATE OF HAWAII DEPARTMENT OF TRANSPORTATION HARBORS, KAUAI DISTRICT

OUT-OF-SERVICE VEHICLE REPLACEMENT APPLICATION

Date:		
То:	DOT, Harbors, Kauai Distric 3242 Waapa Road Lihue, HI 96766	Manager
FROM:	Company Name:	
	Original Decal No.:	
	Original VIN No.:	
	OUT-OF-SERVICE DATE:	
	Replacement VIN No.:	
	Replacement Date:	
Subject:	Application for OUT-OF-SERVICE Vehicle Replacement	
General Co	onditions:	
		aken out of service and the original decal has been provided. The original vehicle decal be replaced with a replacement vehicle
	, the permittee referenced here ed vehicle pursuant to Hawaii A	n requests that a replacement decal be issued to the permittee for dministrative Rules 19-44-53.
	nstructions. Please reference 'C	o dot.har-k@hawaii.gov or call the District Office at (808) 241-3750 UT-OF-SERVICE Vehicle Replacement' and your full name on the
Copy of Ve	hicle Registration, valid driver's	license and proof of current insurance are required for each vehicle
listed. Appl	licant must be named as the reg	istered Owner or show official proof of authorized use.
APPLICAN	T'S SIGNATURE:	DATE:
<u> PART II – </u>	(FOR HARBORS DIVISION US	E ONLY)
APPRO	VED BY: HAR-K Harbor Staff	DATE: