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

EXEMPT VEHICLE

I,	, am the own	er and operator of a	,
I,, am the over the experiment (Registered owner)			
(Model)	(License Number)	(Serial Number/VIN)	,
tare weight of	pounds and a manufacturer's gr	ross vehicle weight rating of	pounds.
Description of vehicle/e	equipment:		·
This vehicle is for my _ Industrial or Educationa	use only a (personal or farm) al enterprise(s).*	nd it will not be used in the furt	herance of any Commercial,
I certify the above infor	mation to be true and correct.		
	(Signature)		
(Print Name and Title)		(P	hone Number)
	(Street Address/City/Sta	ate/Zip Code)	
	(Mailing Address/City/	State/Zip Code)	
TO WHOM IT MAY C	ONCERN:		
	oned vehicle is <u>EXEMPT</u> from all Meanty operated vehicle inspection provill be sufficient.		
(Motor Carrier Safet	y Officer Signature/ Badge No.)	Date:T	Time:

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.

Safety Rules and Regulations.

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