

STATE OF HAWAII COMMERCIAL DRIVER'S LICENSE APPLICATION

- CHECK TRANSACTION REQUESTED**
- | | |
|---|--|
| <input type="checkbox"/> LEARNER'S PERMIT | <input type="checkbox"/> ENDORSEMENT |
| <input type="checkbox"/> RENEWAL | <input type="checkbox"/> UPGRADE |
| <input type="checkbox"/> OUT OF STATE TRANSFER | <input type="checkbox"/> REINSTATEMENT |
| <input type="checkbox"/> DUPLICATE (Temporary, Lost, Name/Address Change) | |

For Office Use Only		
DRIVER'S LICENSE/ LEARNER'S PERMIT NUMBER		
VERIFIED	TYPE	EYE TEST
		LE RE

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 CDL. A REAL ID-compliant card is an accepted form of ID for domestic air travel and accessing Federal facilities.

All commercial driver's licenses issued by the State of Hawaii are REAL ID-compliant. Do you have another REAL ID-compliant card issued by Hawaii or another REAL ID-compliant jurisdiction? YES NO

SOCIAL SECURITY NUMBER _ _ - _ - _ - _	HAWAII DRIVER'S LICENSE NUMBER H _ _ _ _ _	DATE OF BIRTH (mm/dd/yyyy) _ _ / _ _ / _ _ _ _	PLACE OF BIRTH	Is this your state of domicile? <input type="checkbox"/> YES
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FULL LEGAL NAME (Last, First, Middle, Suffix)	Do you wish to be an organ/tissue donor? <input type="checkbox"/> YES
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MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)	Do you have an advance health-care directive? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)	Do you wish to have a Veteran designation? <input type="checkbox"/> YES
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HEIGHT	FT.	IN.	WEIGHT	LBS.	COLOR HAIR	COLOR EYES	GENDER DESIGNATION	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT SPECIFIED
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NOTE: Applicable to any person who served in any of the uniformed services of the United States and was discharged under conditions other than dishonorable. Documentary evidence required.

DAYTIME PHONE NO.	OCCUPATION	BUSINESS ADDRESS (Street or P.O. Box, City, State and Zip Code)
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MARK THE APPROPRIATE BOX(ES) FOR THE CLASS OF LICENSE AND ENDORSEMENTS REQUESTED

Class: A B C Air Brakes: YES NO

Endorsements: T P N H X S Combinations: YES NO

PROVIDE THE ANSWERS TO THE FOLLOWING QUESTIONS:

1. Do you have a driver's license from another State or Country? YES NO
If YES, _____
(State or Country) (Lic. No. & Exp. Date)
2. Do you wear contact lenses? YES NO
3. Do you meet the requirements listed in 49 CFR Part 383? YES NO
Check the type of driving you expect to perform.
 Non-excepted interstate Non-excepted intrastate
 Excepted interstate Excepted intrastate
4. Do you meet the requirements listed in 49 CFR Part 391? YES NO
5. Is your testing vehicle representative of the vehicle you plan to operate? YES NO
6. Has any part of your driving privileges been suspended, revoked, refused, or cancelled by any state, jurisdiction, or the federal government? YES NO
If YES, explain: _____
7. Are you disqualified from operating a commercial motor vehicle by any state, jurisdiction or the federal government? YES NO
If YES, _____
(Date) (Reason)

Advance health-care directive means an individual instruction, in writing, a living will, or a durable power of attorney for health-care decisions.

I acknowledge that my SOCIAL SECURITY number I am providing is as required by Sections 19-122-1, 19-122-3, 19-122-23, 19-122-302 and 19-122-307, Hawaii Administrative Rules, Section 286-111, 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 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, or unwilling to provide a social security number, an assigned substitute number shall be issued by this agency for the sole purpose of providing me with a driver's license. Your social security number or assigned substitute number will **not** be printed on your card.

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.

MOTOR VOTER: The Driver's License 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 of 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 _____

Restrictions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Explain: _____
EXAMINER'S SIGNATURE _____	DATE _____

Voter Registration Application

To register to vote, 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. All registered voters will receive a ballot in the mail.

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

DRIVER'S LICENSE NUMBER H _____		DATE OF BIRTH (mm/dd/yyyy) __ / __ / ____	
FULL LEGAL NAME (Last, First, Middle)			
MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)			
HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)			
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? Yes No

Are you at least 16 years of age? (Must be 18 to vote) Yes No

Are you a resident of the State of Hawaii? Yes 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.


Yes. I hereby authorize cancellation of my previous registration.

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 voter registration application is true and correct.

Signature:

Date:

Office Use Only	ID Number CL99	Location Code 98	Document Number	
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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)