

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

**APPLICATION FOR MOTOR VEHICLE  
INSPECTION STATION APPOINTMENT**

The undersigned \_\_\_\_\_ of  
(Name of Company/DBA)  
\_\_\_\_\_ hereby makes application to the  
(Name of Parent Company)  
Department of Transportation, Motor Vehicle Safety Office of the State of Hawaii, hereinafter  
referred to as the “State” for an appointment designating the undersigned’s facilities located at  
\_\_\_\_\_,  
(Street Address, City, State, Zip Code)  
on the Island of \_\_\_\_\_, \_\_\_\_\_, in the \_\_\_\_\_  
(Telephone No.) (Unlimited or Limited)  
capacity as a \_\_\_\_\_ official motor vehicle and equipment  
(Public or Private)  
inspection station under the provisions of Chapter 286, Hawaii Revised Statutes (HRS).

The undersigned understands and agrees that should the appointment be made, it will be necessary to perform all inspections on behalf of the State in the manner specified by the State.

The undersigned further understands and agrees that the appointment, while obligating the undersigned to conform to the standards and requirements established by the State, will create no duty or obligation on the part of the State and that any expenditures for labor, materials

and any direct or indirect costs incurred by the undersigned because of such appointment, or in anticipation of receiving same, will not be reimbursed by the State.

The undersigned also understands and agrees that any appointment of its above-stated facilities as a motor vehicle and equipment station will be for only a limited period of time and that such time may be sooner terminated, without prior notice thereof, on any occasion when the State deems such summary termination desirable. Also, that when such appointment is terminated, the undersigned will immediately return to the State any and all supplies and equipment entrusted to it by the State and will submit any required reports as soon as possible and in no event later than thirty (30) days after the same have been requested by the State.

The undersigned additionally understands and agrees that should this application be favorably acted upon and the requested appointment be made by the State and the undersigned supplied with the safety inspection decals, required by Section 286-209, HRS, to be displayed on certain motor vehicles, then the undersigned, in its capacity as an official motor vehicle and equipment inspection station of the State, thereafter will be subject to the applicable State rules and regulations and provisions of Section 286-211, HRS. The undersigned understands the provisions of Section 286-211, HRS, as to penalties and agrees that should it knowingly and willfully violate any requirement of the State and thereby wrongfully issue one of said safety inspection decals then it would be subject to the penalty provided in Section 286-214, HRS.

The undersigned understands and agrees that should it be appointed to act as an official motor vehicle and equipment inspection station of the Department of Transportation, Motor Vehicle Safety Office, and should its facilities at the above-stated location be designated to perform said inspections, it will be necessary that an individual have control and responsibility for the operation of said station. The undersigned hereby states that

\_\_\_\_\_, \_\_\_\_\_, will have control  
(Name of Individual) (Title)

and responsibility for the operation of said station and the performance of said inspections.

The undersigned further affirms that it will give immediate notice to the Department of Transportation, Motor Vehicle Safety Office should another individual subsequently be made responsible for the operation of said station and the performance of said inspections.

Submitted on \_\_\_\_\_, from \_\_\_\_\_, Hawaii.  
(Date) (City)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name of Signatory)

\_\_\_\_\_  
(Print Title of Signatory)

\_\_\_\_\_  
(Mailing Address - if different from facility location)

\_\_\_\_\_  
(Mailing Address - City, State, Zip Code)

**List Inspectors** (Must have a minimum of two inspectors):

1) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Driver License Number)

\_\_\_\_\_ (Print Title) \_\_\_\_\_ (Driver License Category)

2) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Driver License Number)

\_\_\_\_\_ (Print Title) \_\_\_\_\_ (Driver License Category)

3) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Driver License Number)

\_\_\_\_\_ (Print Title) \_\_\_\_\_ (Driver License Category)

4) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Driver License Number)

\_\_\_\_\_ (Print Title) \_\_\_\_\_ (Driver License Category)

List any additional inspectors on a separate sheet of paper providing the same information as requested.