

## STATE OF HAWAII DRIVER'S LICENSE APPLICATION

**CHECK TRANSACTION REQUESTED:**

- DRIVER'S LICENSE RENEWAL
- INSTRUCTION PERMIT (New, Duplicate, Renewal)
- DUPLICATE (Lost, Name/ Address Changes)
- OUT OF STATE TRANSFER

For Office Use Only		
DRIVER'S LICENSE/ INSTRUCTION PERMIT NUMBER		
TYPE	RESTRICTION	EYE TEST
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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 issued by any U.S. jurisdiction. An individual cannot hold a REAL ID State ID card and REAL ID driver's license. A REAL ID 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 of Hawaii driver's license or instruction permit as your REAL ID compliant card (with a star)?      YES                      NO

SOCIAL SECURITY NUMBER _ _ _ - _ _ - _ _ _	DRIVER'S LICENSE NUMBER H _ _ _ _ _	DATE OF BIRTH (mm/dd/yyyy) _ _ / _ _ / _ _ _ _						
FULL LEGAL NAME (Last, First, Middle, Suffix)								
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)								
HEIGHT FT.	IN.	WEIGHT (LBS.)	HAIR COLOR	EYE COLOR	GENDER DESIGNATION	MALE FEMALE NOT SPECIFIED	Do you wish to be an organ/ tissue donor?	Do you have an advance health-care directive?
							YES	YES      NO
Do you wish to have a Veteran designation?                      YES						(You must provide proof that you served in any of the uniformed services of the U.S. and was discharged under conditions other than dishonorable.)		
PHONE NO. (Optional)		OCCUPATION		BUSINESS ADDRESS (Street or P.O. Box, City, State and Zip Code)				

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| <p>1. Have you previously held a driver's license in Hawaii, another state or country?                      YES      NO</p> <p style="margin-left: 20px;">If YES, _____<br/>(State or Country)                      (Lic. No. &amp; Exp. Date)</p> <p>2. Within the LAST THREE (3) YEARS, have you:</p> <p>A) Ever been convicted in the State of Hawaii for driving without a license?                      YES      NO</p> <p style="margin-left: 20px;">If YES, _____<br/>(County)                      (Date)</p> <p>B) Had an application for any driver's license refused?                      YES      NO</p> <p style="margin-left: 20px;">If YES, _____<br/>(Date)                      (Reason)</p> <p>C) Had your driver's license suspended or revoked?                      YES      NO</p> <p style="margin-left: 20px;">If YES, _____<br/>(Date)                      (Reason)</p> <p>Has your driver's license been reinstated?                      YES      NO</p> <p>D) Ever been required to deposit proof of Financial Responsibility under the Motor Vehicle Financial Responsibility laws of the State of Hawaii?                      YES      NO</p> | <p>3. Are you wearing contact lenses?                      YES      NO</p> <p>4. The medical information disclosed will be used only for the purposes of determining your eligibility to drive. The answers provided will be kept confidential.</p> <p>A) Within the past two years have you had a seizure or convulsion, stroke or TIA (mini-stroke), suffered from any episode of confusion, or had a black out spell?                      YES      NO</p> <p>B) Have you had a loss of consciousness or confusion due to high or low blood sugar?                      YES      NO</p> <p>C) Do you have trouble moving your body that keeps you from driving safely?                      YES      NO</p> <p>D) Do you use drugs or alcohol that affect your driving?                      YES      NO</p> <p>E) Do you have Alzheimer's, dementia or memory loss?                      YES      NO</p> |
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**NATIONAL DRIVER REGISTER:** All driver's license records will be verified through the National Driver Register (NDR) for stopper information. **Applicants that have a stopper must work directly with the agency that placed the NDR stopper to have it removed.**

**ADVANCE HEALTH-CARE DIRECTIVE** means an individual's instruction, in writing, a living will, or a durable power of attorney for health care decisions.

**U.S. SELECTIVE SERVICE SYSTEM:** Section 286-102.5, Hawaii Revised Statutes requires all qualified male applicants between the ages of 18 through 25 to be automatically registered with the United States Selective Service System. By submitting this application or supporting documentation, for the issuance of a permit, license, duplicate or renewal, the qualified applicant is consenting to registration with the United States Selective Service System, if so required by Federal law.

**SOCIAL SECURITY NUMBER:** 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.

**AUTOMATIC VOTER REGISTRATION:** In accordance with Act 126, SLH 2021, your Driver's License Application shall not be processed until you complete the voter registration portion of this application (see page 2) and indicate your choice of whether to register to vote. If you are already registered to vote, your information indicated on this application will be forwarded to election officials to update your voter registration unless you indicate on page 2 that you decline any changes being made to your name and address for voter registration purposes. However, if you present a document demonstrating a lack of United States citizenship, your information will not be transmitted to election officials for voter registration purposes.

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 \_\_\_\_\_

**VOTER REGISTRATION APPLICATION**

Are you a registered voter?    **YES**      **NO**

If you are currently registered to vote in the State of Hawaii, the information provided will be used to update your name and/or address in your voter registration record. If you are not registered to vote, you may complete and sign the application below to become a registered voter.

**I DECLINE** the opportunity to register to vote or make changes to my voter registration record.

(Please confirm that the information between the dark lines was transferred from page 1 and clearly visible.)

	DRIVER'S LICENSE NUMBER <b>H</b> _ _ _ _ _	DATE OF BIRTH (mm/dd/yyyy) _ _ / _ _ / _ _ _ _
	FULL LEGAL NAME (Last, First, Middle, Suffix)	
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)		

Additional contact information for voter registration:

PHONE NUMBER	EMAIL
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**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.

**IF YOU ARE DISABLED AND ARE UNABLE TO READ STANDARD PRINT, WOULD YOU LIKE TO RECEIVE AN ELECTRONIC BALLOT?**

**Yes.** I am disabled and unable to read standard print and would like to request an electronic ballot be sent to my email address indicated on this application.

Applicant must provide an email address to receive an electronic ballot.


**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:**

**X**

**DATE:**

<b>Office Use Only</b>	ID Number <b>DL99</b>	Location Code <b>98</b>	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) or contact your County Elections Division.**