

LICENSE NUMBER _____

County of Hawaii, Department of Finance
Vehicle Registration & Licensing Division
101 Pauahi St., Suite No. 5, Hilo HI 96720

APPLICATION FOR SPECIALTY LICENSE PLATES

In accordance with Section 249-9.2, Hawai'i Revised Statutes, I hereby make application for one of the following types of specialty license plates (CHECK ONE):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Combat Wounded | <input type="checkbox"/> Combat Veteran | <input type="checkbox"/> Persian Gulf |
| <input type="checkbox"/> Former Prisoner of War | <input type="checkbox"/> Veteran | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pearl Harbor Survivor | <input type="checkbox"/> World War II Veteran | |
| <input type="checkbox"/> Korea Veteran | <input type="checkbox"/> Vietnam Veteran | |

I request that the specialty license plates be assigned to my:

- | | |
|--|---|
| <input type="checkbox"/> Passenger motor vehicle | <input type="checkbox"/> Passenger motorcycle |
|--|---|

bearing license number _____ which is currently registered in my name.

I certify that I am eligible for issuance of these specialty license plates to my vehicle pursuant to Section 249-9.2, Hawaii Revised Statutes and the Rules and Regulations of the Director of Finance. I have attached documentary evidence of my eligibility or certification from the US Department of Veteran Affairs of the State of Hawaii Office of Veteran's Services. I am also attaching my current certificate of registration for my vehicle, required fees and periodic vehicle inspection certificate, if required.

I understand that the specialty plates may be assigned to a **noncommercial passenger motor vehicle or a noncommercial motorcycle or motor scooter** registered in the name of the qualified applicant and shall be limited to only one category listed above, per application.

I understand that prior to transferring the registered ownership of a vehicle assigned these specialty license plates, I will surrender these plates and obtain regular issued license plates. I understand that a transfer of a registered ownership out of my name will not be recorded until the specialty license plates are replaced.

Unless otherwise provided by law, I understand that I must pay for all applicable taxes and fees as a condition precedent to registration and assignment of the specialty license plates.

I understand that these specialty license plates will be invalid upon expiration of the current license plate change, I am responsible for re-applying for the new series of specialty license plates.

Signature of Applicant/Registered Owner

Street or P.O. Box Address

Print Name of Applicant/Registered Owner

City, State, Zip Code

Date