COUNTY OF KAUAI
DEPARTMENT OF FINANCE
TREASURY DIVISION (MVR)
4444 RICE ST., STE 466 • LIHUE, HI 96766

APPLICATION FOR REGISTRATION

Make: .................................................... Body Type: ..........................................................
Motive Power: □ Gas □ Diesel □ Butane □ Propane □ Electric
Vehicle I.D. No.: .................................................................
Transmission: □ Automatic □ Manual
Weight: ______ Lbs. GVW: ______ Lbs. Year Model: ______
COLOR TOP OR FRONT COLOR BOTTOM OR REAR Date Sold New:
□ HVUC 8,000 lbs. OR MORE □ HVUC 20,000 lbs. OR MORE
BODY TYPE: DUMP, MSTR., TANK, TRTC., TCRN. BODY TYPE: STKE, TOWK, FTBD.
Vehicle Inspection Expires:
Odometer Reading: ______ (NO TENTHS) HOLD TITLE
1. The mileage reading reflects the amount of mileage in excess of its mechanical limits.
2. The odometer reading is not the actual mileage.

WARNING: ODOMETER DISCREPANCY

OFFICE USE ONLY

Present Lic. Plate No.: ........................................ County or State: ........................................
ACCEPTED:
TITLE REG ______ CAI ______ B/S ______ MSO
BL ______ PERMIT NO.
HOLD FOR:
TITLE REG ______ CAI ______ B/S ______ MSO
OTHER:

TOTAL$ ____________________________

REGISTERED OWNER(S):

Name: LAST FIRST M.I. .................................................................
Mailing Address: STREET OR P.O. BOX ADDRESS
CITY ................................................................. STATE ................................................................. ZIP CODE .................................................................

LIENHOLDER (IF NONE, WRITE "NONE"):

Name: LAST FIRST M.I. .................................................................
Mailing Address: STREET OR P.O. BOX ADDRESS
CITY ................................................................. STATE ................................................................. ZIP CODE .................................................................

I (we) hereby certify that I am (we are) the owner(s) to the extent indicated hereon of the motor vehicle described by this application and that the foregoing statement is true to the best of my (our) knowledge and belief. If this is a property carrying vehicle weight 6,500 pounds or less and the non-commercial block is checked, I (we) certify that the vehicle is not being operated for compensation or commercial purposes. Therefore, pursuant to Section 249-13, HRS, the vehicle weight tax shall be at the same rate as provided for a passenger vehicle.

IF FIRM, PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE(S) OF REGISTERED OWNER(S) SHOWN ABOVE OR IF FIRM AUTHORIZED PERSON

To be filled in by members of U.S. military forces.
Branch of Service ................................................................. Station .................................................................

If vehicle purchased new locally, dealer countersign here.
This application certified true and correct.
Name of Dealer .................................................................
By .................................................................

AUTHORIZED SIGNATURE