

# STATE OF HAWAII COMMERCIAL DRIVER'S LICENSE APPLICATION

|                            |
|----------------------------|
| <b>For Office Use Only</b> |
| Verified By: _____         |
| Date: _____                |

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

*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<br>____ - ____ - ____ | HAWAII DRIVER'S LICENSE NUMBER<br>H _____ | DATE OF BIRTH (mm/dd/yyyy)<br>__ / __ / ____ | PLACE OF BIRTH<br>_____ | Is this your state of domicile? <input type="checkbox"/> YES |
|--|---|--|-------------------------|--|

|  |   |
|--|---|
| FULL LEGAL NAME (Last, First, Middle, Suffix)<br>_____ | Do you wish to be an organ/tissue donor? <input type="checkbox"/> YES |
|--|---|

|  |  |
|--|--|
| MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)<br>_____ | Do you have an advance health-care directive? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

|  |   |
|--|---|
| HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)<br>_____ | Do you wish to have a Veteran designation? <input type="checkbox"/> YES |
|--|---|

|               |     |     |               |      |                   |                   |               |  |
|---------------|-----|-----|---------------|------|-------------------|-------------------|---------------|--|
| <b>HEIGHT</b> | FT. | IN. | <b>WEIGHT</b> | LBS. | <b>COLOR HAIR</b> | <b>COLOR EYES</b> | <b>GENDER</b> | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
|---------------|-----|-----|---------------|------|-------------------|-------------------|---------------|--|

*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.<br>_____ | OCCUPATION<br>_____ | BUSINESS ADDRESS (Street or P.O. Box, City, State and Zip Code)<br>_____ |
|----------------------------|---------------------|--|

MARK THE APPROPRIATE BOX(ES) FOR THE CLASS OF LICENSE AND ENDORSEMENTS REQUESTED

|  |  |
|--|--|
| Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C<br>Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X <input type="checkbox"/> S | Air Brakes: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Combinations: <input type="checkbox"/> YES <input type="checkbox"/> 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: _____ | <b>FOR OFFICE USE ONLY</b> |
| EXAMINER'S SIGNATURE _____   | DATE _____                 |

# Voter Registration and Permanent Absentee Application

To register to vote or to receive an absentee ballot permanently by mail 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.

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

|   |  |  |  |
|---|--|--|--|
| DRIVER'S LICENSE NUMBER<br>H _____  |  | DATE OF BIRTH (mm-dd-yyyy)<br>__ / __ / ____ |  |
| 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.

WOULD YOU LIKE TO PERMANENTLY RECEIVE ABSENTEE BALLOTS BY MAIL?

Yes. I request to permanently receive absentee ballots at the mailing address associated with my voter registration.

I understand that my permanent absentee voter status will be terminated if: 1) I request termination in writing; 2) I die, lose voting rights, register in another jurisdiction, or am otherwise disqualified from voting; 3) my absentee ballot, voter notification postcard, or any other election mail is returned to the clerk as undeliverable for any reason; or 4) I do not return my ballot by 6:00 PM on election day in both the primary and general election of an election year. If so, I understand that I must reapply for permanent absentee status.

**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 application is true and correct.

Signature:

Date:

|                 |                           |                            |                 |   |
|-----------------|---------------------------|----------------------------|-----------------|---|
| Office Use Only | ID Number<br><b>CDL99</b> | Location Code<br><b>98</b> | Document Number |  |
|-----------------|---------------------------|----------------------------|-----------------|---|

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)**