

# NOTICE OF CHANGE OF ADDRESS

City and County of Honolulu  
Division of Motor Vehicles, Licensing and Permits  
Driver License Section  
P.O. Box 30340  
Honolulu, HI 96820-0340

Email: [dl@honolulu.gov](mailto:dl@honolulu.gov)  
Phone: (808) 768-9100  
Fax: (808) 768-9096

In order to record this with our office, you must include two proofs of principal residence. Principal residence is defined as the location where a person currently resides even if the residence location is temporary. Please refer to acceptable proof of principal residence document checklist. File within 30 days of change via in person, mail or by fax. If you require a duplicate license or State identification card with your new address, please include a check in the amount of \$6.00 payable to the City and County of Honolulu.

<b>Personal Information</b>	Full Legal Name (Last, First, Middle, Suffix)	Hawaii Driver License or Hawaii State Identification #	Date of Birth
<b>Mailing Address Currently on Record</b>	Street and Apt. or House No., or P.O. Box		
	City	State	Zip Code
<b>New Address</b>	Residence Address		
	City	State	Zip Code
	Mailing Address (Indicate SAME if address is same as your residence address)		
	City	State	Zip Code

## Voter Registration

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.


<b>Qualifications</b> If you answer "No" to any of the questions below STOP.  Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 16 years of age? (Must be 18 to vote) <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a resident of the State of Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you registered to vote in another state?</b> Provide your last registered address, county, state, and zip code.  <input type="checkbox"/> Yes. I hereby authorize cancellation of my previous registration. _____  <b>If you are disabled and unable to read standard print, would you like to receive an electronic ballot?</b>  <input type="checkbox"/> Yes, I am disabled and unable to read standard print and would like to request an electronic ballot to be sent to my email address indicated on this application. <i>Applicant must provide email address to receive an electronic ballot.</i>
Phone _____ Email _____	

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:**

**X** \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>	<b>ID Number</b> <b>DLCOA99</b>	<b>Location Code</b> <b>98</b>	<b>Document Number</b>	
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In accordance with Federal and State laws, it is illegal to possess more than one Real ID compliant driver's license or State ID card. Periodic audits are performed and, in accordance with Section 286-136, Hawaii Revised Statutes, violators may be fined, imprisoned or both. You are required to surrender your prior driver's license or State ID card once you receive the duplicate. Please mail it to the above address or surrender it to any Driver Licensing Centers in Hawaii.

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).