DEPARTMENT OF CUSTOMER SERVICES
CITY AND COUNTY OF HONOLULU
DIVISION OF MOTOR VEHICLE ◆ LICENSING AND PERMITS
MOTOR VEHICLE BRANCH ◆ P.O. BOX 30330 ◆ HONOLULU, HAWAII 96820-0330

APPLICATION/REPLACEMENT FOR ORGANIZATION LICENSE PLATES/DECAL(S)

NAME OF ORGANIZATION: _____

❑ INITIAL ❑ PLATE REPLACEMENT ❑ DECAL REPLACEMENT ☐ NUMBER REPLACED

This is an application for organization license plates and/or decals to display on my car/truck. Submitted herewith is the organization plate fee.

I understand that the organization plate fee shall be charged upon initial application and each subsequent renewal of the vehicle which has been assigned the organization plate. This fee shall be in addition to all regular fees and taxes on motor vehicles.

To apply for the organization plate, you must surrender your currently issued Certificate of Registration for the vehicle. You will be charged a plate and emblem replacement fee. If your registration has expired or will expire within 45 days of processing the organization plate replacement, applicable renewal fees and taxes will be assessed.

If loss, defacement or destruction of organization plates occur, you may request for replacement plates and/or decals. You will be charged a plate and emblem replacement fee in addition to all taxes and fees which may be applicable under Section 249, Hawaii Revised Statutes (HRS).

Organization plates may be transferred to another vehicle. Please submit the current Certificate of Registration for both vehicles. You will be charged plate transfer fees and emblem replacement fees in addition to all fees and taxes which may be applicable under Section 249, HRS.

If you desire to keep your organization plates upon transfer of ownership of a vehicle to which it has been assigned and do not have another vehicle for assignment of your organization plates, you must surrender your organization plates and obtain regularly issued plates before selling your organization plates. You will be charged a plate and emblem replacement fee in addition to all fees and taxes which may be applicable under Section 249, HRS.

_____ _____
Signature of Applicant Street or P.O. Box Address

_____ _____
Print Name of Applicant City, State, Zip Code

_____
Date