



CITY AND COUNTY OF HONOLULU
 Department of Customer Services
 Division of Motor Vehicle, Licensing and Permits
 Motor Vehicle Branch
 P.O. Box 30330
 Honolulu, Hawaii 96820-0330

APPLICATION FOR SPECIALTY LICENSE PLATES

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

- | | |
|---|--|
| <input type="checkbox"/> COMBAT VETERAN | <input type="checkbox"/> PEARL HARBOR SURVIVOR |
| <input type="checkbox"/> COMBAT WOUNDED | <input type="checkbox"/> PERSIAN GULF VETERAN |
| <input type="checkbox"/> FORMER PRISONER OF WAR | <input type="checkbox"/> VETERAN |
| <input type="checkbox"/> GOLD STAR FAMILY | <input type="checkbox"/> VIETNAM VETERAN |
| <input type="checkbox"/> KOREAN VETERAN | <input type="checkbox"/> WORLD WAR II VETERAN |

I request that the specialty license plates be assigned to my (**CHECK ONE**):

- | | |
|--|---|
| <input type="checkbox"/> PASSENGER MOTOR VEHICLE | <input type="checkbox"/> PASSENGER MOTORCYCLE |
|--|---|

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

I certify that I am eligible for issuance of these specialty plates to my vehicle in accordance with 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 U.S. Department of Veteran Affairs (Telephone: 433-1000) or the State of Hawaii Office of Veterans' Services (Telephone: 433-0426 or 433-0427). I am also attaching my current certificate of registration for my vehicle, required fees and periodic vehicle inspection certificate, if required.

I understand that specialty license plates may be assigned to only noncommercial passenger motor vehicles or noncommercial motorcycles or motor scooters registered in the name of the qualified applicant.

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 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 plates will be invalid upon expiration of the current design of regular issued license plates and although I may not receive personal notification of such license plate change, I am responsible for reapplying for the new series of specialty license plates.

DATE

SIGNATURE OF APPLICANT/REGISTERED OWNER

PRINTED NAME OF APPLICANT/REGISTERED OWNER