

City and County of Honolulu
Department of Customer Services
Division of Motor Vehicles and Licensing

STATEMENT OF FACTS RELATING TO JUNKING OF VEHICLE
(Submit original and 1 copy)

I, the undersigned owner of the motor vehicle described as:

LICENSE NO.: _____ V.I.N.: _____

MAKE: _____ BODY TYPE: _____ YEAR MODEL: _____ COLOR: _____

registered in the City and County of Honolulu; hereby certify that said vehicle has been **JUNKED** and is presently located at the following street address:

(ADDRESS, YARD, GARAGE, NUMBERED PARKING STALL, ETC.)

and that said **vehicle is incapable of safe operation for use on the public highway and/or has no resale value except as a source of parts or scrap only. I UNDERSTAND THAT BY JUNKING THIS VEHICLE, THE VEHICLE SHALL NEVER AGAIN BE TITLED OR REGISTERED.**

Accordingly, the last issued **CERTIFICATE OF TITLE** which has been properly endorsed is herewith surrendered for cancellation. **(The Certificate of Title must be endorsed by all registered owner(s) and lienholder, if applicable, and odometer reading completed. If the last issued license plates are not surrendered, the owner is responsible to ensure its destruction).**

PRINTED NAME OF REGISTERED OWNER

 X
SIGNATURE OF REGISTERED OWNER OR, IF COMPANY, AUTHORIZED PERSON

(if the vehicle is being surrendered to the City and you are requesting removal by the City, please read and complete the REQUEST REMOVAL OF A JUNKED VEHICLE below)

REQUEST REMOVAL OF A JUNKED VEHICLE

The undersigned owner of the above described vehicle located at the address noted in the **STATEMENT OF FACTS RELATING TO JUNKING OF VEHICLE** section above, hereby requests that the City and County of Honolulu remove said vehicle which has been junked.

I understand that the following conditions must exist before the City will remove my vehicle:

1. There will be no debris or rubbish in the vehicle;
2. The vehicle must be easily accessible for the tow truck to remove;
3. The vehicle must have at least **two inflated tires**, either front or rear, depending on which end is accessible to the tow truck; and
4. The vehicle is parked on property owned by the applicant or legally parked on a public street or property.

I understand that if the vehicle is parked illegally on a public street or property, or if parked on private property **NOT** owned by the applicant and without written permission by the owner, the City will not remove said vehicle.

I agree to place the NOTICE form, CS-L(MVC) 50, in my vehicle so that it will be visible from outside to inform any agency that the vehicle has been turned over to the City for removal.

Lastly, I understand that a Motor Vehicle Control inspector will inspect the vehicle to insure that it meets the above stated conditions; the inspector will initiate a report with the control number written on the vehicle to identify it for removal by the derelict vehicle contractor within six weeks; and if any additional information is required, I will call the Motor Vehicle Control Section at **768-2530**.

PRINTED NAME OF OWNER

OWNER'S SIGNATURE

ADDRESS OF OWNER

HOME TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

FOR OFFICIAL USE ONLY

PLATES RECEIVED: _____ BY: _____ DATE: _____

APPROVED: _____

REMARKS: _____
