

COUNTY OF MAUI SERVICE CENTER
 DIVISION OF MOTOR VEHICLE & LICENSING
 110 Alaihi Street, Suite 101, Kahului, HI 96732
 Phone: (808)-270-7363 - Fax: (808)-270-7858
NON- RESIDENT CERTIFICATE

I hereby certify that I am a member of the U.S. Armed Forces on active duty in the State of
 Hawaii, that I am a legal resident of the State of _____;
 That my military organization is _____;
 and that the motor vehicle described below for which application for registration is being
 made is located in the County of Maui, State of Hawaii.

DESCRIPTION OF MOTOR VEHICLE:

License No.: _____ Type: _____
 Make: _____ VIN: _____

Printed Name Service Member	Rank and Branch of Service
Signature	Date

Certificate

This is to certify that the service record of the above mentioned service personnel indicates that his
 legal residence is as indicated above. His tour of duty will end on _____;

Printed Name of Unit Commander or Designee	Rank and Branch of Service
Signature	Date