DMVL Office Use

Date - DMVL Rep

Written Initials

COUNTY OF MAUI, DEPARTMENT OF FINANCE
DIVISION OF MOTOR VEHICLE & LICENSING
70 E. Kaahumanu Avenue, Suite A-17, Kahului, HI 96732
Phone: (808)-270-7363

APPLICATION FOR REGISTRATION OF MOTOR VEHICLE

Reset Form

TYPEWRITE OR PRINT IN INK

(License Plate)	(Emblem Number)	(Emblem Expiration Date)

☐ Passenger ☐ Non-Commercial ☐ Property Carrying

Make: _____ Body Type: _____ ☐ Air Cond.: Trans: ☐ Auto ☐ Manual

Motive Power: ☐ Gas ☐ Diesel ☐ Butane ☐ Propane ☐ Electric ☐ Hybrid

VIN No.: _____ ☐ Plug-in Hybrid

Weight: _____ Lbs. GVW: _____ Lbs. Year Model: _____ Date Sold New: _____

COLOR TOP OR FRONT	COLOR BOTTOM OR REAR	8,000 LBS OR MORE	HVUC
		☐ YES ☐ NO	☐ YES ☐ NO

Odometer Reading: _____ (no tenths) Vehicle Inspection Expires: _____

☐ 1. The Mileage Reading Reflects the Amount of Mileage in Excess of its Mechanical Limits.
☐ 2. The Odometer Reading is Not the Actual Mileage. **Warning: Odometer Discrepancy**

REGISTERED OWNER(S)

Name: _____
LAST NAME, FIRST NAME MI

Mailing Address: _____
STREET OR P.O. BOX ADDRESS CITY , STATE, ZIP CODE

LIENHOLDER(S) (IF NONE, WRITE "SAME"):

Name: _____

Mailing Address: _____
STREET OR P.O. BOX ADDRESS CITY, STATE, ZIP CODE

I (we) hereby certify that I am (we are) the owner(s) to the extent indicated hereon of the motor vehicle described by this application and that the foregoing statement is true to the best of my (our) knowledge and belief. If this is a property carrying vehicle weight 6,500 pounds or less and the non-commercial block is checked, I (we) certify that the vehicle is not being operated for compensation or commercial purposes. Therefore, pursuant to Section 249-13, HRS, the vehicle weight tax shall be at the same rate as provided for a passenger vehicle.

X _____ _____

X _____ _____
SIGNATURE(S) OF REGISTERED OWNER(S) SHOWN ABOVE OR IF FIRM, AUTHORIZED PERSON IF FIRM, PRINT NAME AND TITLE OF AUTHORIZED PERSON

If vehicle purchased new locally, dealer countersign here. ➡

This application certified true and correct.

Name of Dealer: _____

By: _____

OFFICE USE ONLY

Present Lic. Plate _____
CTY or State _____

Accepted:

TITLE ___ REG. ___ CAI ___ B/S ___ MSO ___ B/L ___
Permit No: _____

Hold For:

TITLE ___ REG. ___ CAI ___ B/S ___ MSO ___ B/L ___

OTHER _____

County Tax	
State Tax	
State Registration	
Beautification	
Total Tax	**0.00**
Plate and/or Emblem	
County Fee	
Fuel Fee	
County Pen.	
State Pen.	
Total Penalty	**0.00**
Transfer Fee	
TOTAL $	**0.00**

Print Form