

STATE OF HAWAII COMMERCIAL DRIVER'S LICENSE APPLICATION

CHECK TRANSACTION REQUESTED: *(Please read ELDT requirements below first.)*

- | | |
|---|---------------|
| LEARNER'S PERMIT | ENDORSEMENT |
| RENEWAL | UPGRADE |
| OUT OF STATE TRANSFER | REINSTATEMENT |
| DUPLICATE (Temporary, Lost, Name/ Address Change) | |

For Office Use Only		
DRIVER'S LICENSE/ LEARNER'S PERMIT NUMBER		
VERIFIED	TYPE	EYE TEST
		LE RE

In accordance with 6 CFR Part 37.29 (a) and 286-306 (c), HRS, an individual may hold only one REAL ID compliant card issued by any U.S. jurisdiction. An individual cannot hold a REAL ID State ID card and REAL ID CDL. A REAL ID card is an accepted form of ID for domestic air travel and accessing Federal facilities.

All commercial driver's licenses issued by the State of Hawaii are REAL ID compliant. Do you have another REAL ID compliant card issued by Hawaii or another REAL ID compliant jurisdiction? YES NO

SOCIAL SECURITY NUMBER _ _ - _ - _ - _ - _	HAWAII DRIVER'S LICENSE NUMBER H _ _ _ _ _	DATE OF BIRTH (mm/dd/yyyy) _ _ / _ _ / _ _ _ _
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FULL LEGAL NAME (Last, First, Middle, Suffix)

MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)

HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)

HEIGHT FT.	IN.	WEIGHT (LBS.)	HAIR COLOR	EYE COLOR	GENDER DESIGNATION	MALE FEMALE NOT SPECIFIED	Do you wish to be an organ/ tissue donor?	Do you have an advance health-care directive?
							YES	YES NO

Do you wish to have a Veteran designation? (You must provide proof of serving in any of the uniformed services of the U.S. and was discharged under conditions other than dishonorable.)	YES	PLACE OF BIRTH	Is this your state of domicile?	YES
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DAYTIME PHONE NO.	OCCUPATION	BUSINESS ADDRESS (Street or P.O. Box, City, State and Zip Code)
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MARK THE APPROPRIATE BOX(ES) FOR THE CLASS OF LICENSE, EQUIPMENT AND ENDORSEMENTS REQUESTED

Class:	A	B	C	Air Brakes:	YES	NO
Endorsement:	H (Hazmat)	N (Tank)	P (Passenger)	Transmission:	Auto	Manual
	S (School Bus)	T (Double/Triple)	X (Both H & N)	Combination Veh.:	YES	NO

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| 1. Do you have a driver's license from another State or Country? YES NO | 5. Is your testing vehicle representative of the vehicle you plan to operate? YES NO |
| If YES, _____
State or Country License. No. & Exp. Date | 6. Has any part of your driving privileges been suspended, revoked, refused, or cancelled by any state, jurisdiction or federal agency? YES NO |
| 2. Are you wearing contact lenses? YES NO | If YES, explain: _____ |
| 3. Do you meet the requirements listed in 49 CFR Part 383? YES NO | 7. Are you disqualified from operating a commercial motor vehicle by any state, jurisdiction or federal government? YES NO |
| Check the type of driving you expect to perform:
Non-excepted interstate Non-excepted intrastate
Excepted interstate Excepted intrastate | If YES, _____
Date Reason |
| 4. Do you meet the requirement listed in 49 CFR Part 391? YES NO | |

ENTRY LEVEL DRIVER TRAINING (ELDT): Beginning February 7, 2022, completion of ELDT is required before taking the skills test for a class A or B commercial driver's license (CDL), or passenger or school bus endorsement, and before taking the knowledge test for a hazardous materials endorsement. Drivers that hold a valid commercial learner's permit or CDL that was obtained before February 7, 2022 are not subject to the ELDT requirement for that class of license.

SOCIAL SECURITY NUMBER: I acknowledge that my social security number I am providing is as required by Sections 19-122-1, 19-122-3, 19-122-23, 19-122-302 and 19-122-307, Hawaii Administrative Rules, Section 286-111, Hawaii Revised Statutes, and in accordance with Section 7 of the Privacy Act and 42 United States Code, Section 405(c)(2)(c). I further acknowledge my social security number, or if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the county driver licensing office, or unwilling to provide a social security number, an assigned substitute number shall be issued by this agency for the sole purpose of providing me with a driver's license. Your social security number or assigned substitute number will **not** be printed on your card.

IMPLIED CONSENT LAW: I agree to submit to a chemical test or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a police officer acting in accordance with Section 291E-11, Hawaii Revised Statutes (HRS). The license of anyone who refuses to be tested shall be subject to administrative revocation pursuant to Section 291E-41, HRS.

MOTOR VOTER: The application will be used to update the voter registration record of currently registered voters in the State of Hawaii, unless the applicant affirmatively declines on page 2 of this application (National Voter Registration Act of 1993).

I hereby certify, under penalty of perjury, that all of the information provided is true and correct and that I am the person named and described in this application. I understand that providing false information may be a violation of Federal and State law.

APPLICANT'S SIGNATURE	DATE
Restrictions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FOR OFFICE USE ONLY
Explain: _____	
EXAMINER'S SIGNATURE	DATE


VOTER REGISTRATION APPLICATION

Are you a registered voter? **YES** **NO**

If you are currently registered to vote in the State of Hawaii, the information provided will be used to update your name and/or address in your voter registration record. If you are not registered to vote, you may complete and sign the application below to become a registered voter.

I DECLINE the opportunity to register to vote or make changes to my voter registration record.

(Please confirm that the information between the dark lines was transferred from page 1 and clearly visible.)

	DRIVER'S LICENSE NUMBER H _ _ _ _ _	DATE OF BIRTH (mm/dd/yyyy) _ _ / _ _ / _ _ _ _
	FULL LEGAL NAME (Last, First, Middle, Suffix)	
MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)		
HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)		

Additional contact information for voter registration:

PHONE NUMBER	EMAIL
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QUALIFICATIONS

If you answer **NO** to any of the questions below, **DO NOT** complete this form.

- Are you a citizen of the United States of America? **YES** **NO**
- Are you at least 16 years of age? (Must be 18 to vote) **YES** **NO**
- Are you a resident of the State of Hawaii? **YES** **NO**

The residence stated in this affidavit is not simply because of my presence in the State, but was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein.

ARE YOU REGISTERED TO VOTE IN ANOTHER STATE? Provide your last registered address, county, state, and zip code.

Yes. I hereby authorize cancellation of my previous registration.

IF YOU ARE DISABLED AND ARE UNABLE TO READ STANDARD PRINT, WOULD YOU LIKE TO RECEIVE AN ELECTRONIC BALLOT?

Yes. I am disabled and unable to read standard print and would like to request an electronic ballot be sent to my email address indicated on this application.

Applicant must provide an email address to receive an electronic ballot.


WARNING: Any person who knowingly furnishes false information may be guilty of a Class C felony.

I hereby swear (or affirm) that all information furnished on this voter registration application is true and correct.

SIGNATURE:

DATE:

X

Office Use Only	ID Number CL99	Location Code 98	Document Number	
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Notice: The identity of the voter registration agency through which any particular voter was registered shall not be publicly disclosed. A person's declination to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993).

For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683) or contact your County Elections Division.