

STATE OF HAWAII  
**IDENTIFICATION CARD APPLICATION**  
 CHECK TRANSACTION REQUESTED:  INITIAL  
 RENEWAL  
 DUPLICATE

<b>FOR OFFICE USE ONLY: SID NUMBER</b>
PHONE NUMBER: _____

SOCIAL SECURITY NUMBER [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ]		DATE OF BIRTH (mm/dd/yyyy) [ ][ ]-[ ][ ]-[ ][ ][ ][ ][ ]	
<b>NAME</b>	LAST	FIRST	MIDDLE
<b>MAILING ADDRESS</b>	STREET OR P.O. BOX	APT. NO.	CITY STATE/COUNTRY ZIP CODE
<b>HAWAII PRINCIPAL RESIDENCE ADDRESS</b>	STREET ADDRESS	APT. NO.	CITY STATE ZIP CODE
<b>HEIGHT</b>	FEET INCHES	WEIGHT (LBS)	COLOR HAIR COLOR EYES SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DO YOU WISH TO BE AN ORGAN / TISSUE DONOR <input type="checkbox"/> YES	DO YOU HAVE AN ADVANCE HEALTH CARE DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU WISH TO HAVE A VETERAN DESIGNATION? <input type="checkbox"/> YES <small>NOTE: Applicable to any person who served in any of the uniformed services of the United States and was discharged under conditions other than dishonorable. Documentary evidence required.</small>	CITIZENSHIP
<b>EMERGENCY CONTACT</b>	NAME (LAST, FIRST, M.I.)		RELATIONSHIP
<b>CONTACT ADDRESS</b>	STREET OR P.O. BOX	APT. NO.	CITY STATE/COUNTRY ZIP CODE
<b>CONTACT TELEPHONE</b>	AREA CODE NUMBER	<b>OR</b>	IDD PREFIX COUNTRY CODE NUMBER


I acknowledge that my social security number I am providing is required by Section 19-149-3, Hawaii Administrative Rules, and Section 286-303(c)(7), Hawaii Revised Statutes. I further acknowledge that if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the county examiner of drivers, a randomly generated alternate number shall be issued by this agency for the sole purpose of providing me with a state identification card. **NOTE:** Your social security number or the randomly generated alternate number will **NOT** be the State Identification card number printed on your card.

Federal law requires all male applicants between the ages of 18 through 25 to be automatically registered with the United States Selective Service System. By submitting this application for the issuance of a state identification card, duplicate or renewal, the qualified applicant is consenting to registration with the United States Selective Service System, if so required by Federal law.

I hereby certify, under penalty of perjury, that all 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 \_\_\_\_\_

**AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION (STATE OF HAWAII RESIDENTS ONLY!!)**

Do you wish to register to vote? If "NO", STOP!  If "YES", continue on.

Are you a registered voter in another state?  YES  NO

If so, where? \_\_\_\_\_  
Address/County/State/Zip (your voter registration will be cancelled in that state)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

<b>For office use only</b>	
Affidavit Number _____	
I.D. DL99	Loc. Code 98

**FOR FEDERAL, STATE AND COUNTY ELECTIONS (you must meet all of the following qualifications to register to vote.)**

I hereby swear or affirm that I am:

- A citizen of the United States: (Non-U.S. Citizens including U.S. Nationals **do not** qualify) .....  YES  NO
- At least 16 years of age .....  YES  NO

However, I understand that I must be 18 years old by election day to vote; and

- A resident of the State of Hawaii .....  YES  NO

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

ALL INFORMATION ON THIS AFFIDAVIT IS TRUE AND CORRECT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you do not sign, we will assume you do not wish to register to vote.

**WARNING: Any person knowingly furnishing false information may be guilty of a Class C felony punishable by up to 5 years imprisonment and/or \$10,000 fine.**

**For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)**

The office at which a person registers to vote is confidential. A person's declination to register to vote is confidential and is used for voter registration purposes only (National Voter Registration Act of 1993). §11-15 Hawaii Revised Statutes requires that a person registering to vote provide, under affirmation, a social security number. Any application lacking this information will be denied. Pursuant to Section 7 of the Privacy Act, be advised that this information may be released to government agencies for government purposes.