

COUNTY OF MAUI SERVICE CENTER
DIVISION OF MOTOR VEHICLE & LICENSING
110 Alaihi Street, Suite 101, Kahului, HI 96732
(808)-270-7363

APPLICATION FOR DOG LICENSE

OFFICE USE ONLY	OFFICE USE ONLY
Number Issued	Date - Clerk
	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> Written Initials

TYPEWRITE OR PRINT IN INK - Improperly filled application will not be accepted.

Dog's Name: _____ Breed: _____

Sex: _____ Spayed/Neutered: _____

Age of Dog: _____ Color: _____

Description (cropped ears, docked tail, scars, tattoos, etc.): _____

REGISTERED OWNER(S) OF RECORD:

Name: _____
LAST NAME, FIRST NAME MI

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

Type of Identification/
Identification No.: _____ Date of Birth: _____

Home Number: _____ Work Number: _____

The undersigned certifies that information provided is true and correct and requests the issuance of a dog license.

X _____
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME

X _____
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME