

LICENSE NUMBER _____

**TREASURY DIVISION COUNTY OF HAWAII
APPLICATION FOR SPECIALTY LICENSE PLATES**

In accordance with Section 249-9.2, Hawaii's Revised Statutes, I hereby make application for one of the following types of specialty license plates (CHECK ONE):

- Combat Wounded (combat Veteran) Persian Gulf
 Former Prisoner of War Veteran Other _____
 Pearl Harbor Survivor World War II Veteran
 Korea Veteran Vietnam Veteran

I request that the specialty license plates be assigned to my

- passenger motor vehicle passenger motorcycle

bearing license number _____ which is currently registered in my name.

I certify that I am eligible for issuance of these specialty license plates to my vehicle pursuant to Section 2449.2, Hawaii Revised Statutes and the Rules and Regulations of the Director of Finance. I have attached documentary evidence of my eligibility or certification from the US Department of Veteran Affairs of the State of Hawaii Office of Veteran's Services. I am also attaching my current certificate of registration for my vehicle, required fees and periodic vehicle inspection certificate, if required.

I understand that the specialty plates may be assigned to only one noncommercial passenger motor vehicle or one noncommercial motorcycle or motor scooter registered in the name of the qualified applicant and shall be limited to only one category listed above. However, If the qualified applicant is the registered owner of a noncommercial passenger motor vehicle and a noncommercial motorcycle or motor scooter, a second special number plate of the same or different category may be assigned to the qualified applicant's motorcycle or motor scooter.

I understand that prior to transferring the registered ownership of a vehicle assigned these specialty license plates, I will surrender these plates and obtain regular issued license plates. I understand that a transfer of registered ownership out of my name will not be recorded until the specialty license plates are replaced.

Unless otherwise provided by law, I understand that I must pay for all applicable taxes and fees as a condition precedent to registration and assignment of the specialty license plates.

I understand that these specialty license plates will be invalid upon expiration of the current license plate change, I am responsible for re-applying for the new series of specialty license plates.

Date

Signature of Applicant/Registered owner

Printed name of Applicant/Registered owner