

COUNTY OF MAUI, DEPARTMENT OF FINANCE
DIVISION OF MOTOR VEHICLE & LICENSING
70 E. Kaahumanu Avenue, Suite A-17, Kahului, HI 96732

OFFICE USE ONLY
Written Initials DATE ACCEPTED/CLERK

**Application for Replacement
LICENSE PLATES AND/OR EMBLEM**

TYPEWRITE OR PRINT IN INK

OFFICE USE ONLY	OFFICE USE ONLY
LICENSE PLATE REPLACEMENT	EMBLEM REPLACEMENT

I HEREBY CERTIFY THAT THE VEHICLE BEARING:

License No.: _____

VIN No.: _____

Make: _____

Type: _____

Emblem No.: _____

Emblem Expiration: _____

HAS BEEN

LOST

MUTILATED

STOLEN

In accordance with Section 249-8, Hawaii Revised Statutes as amended, I hereby submit an application for the replacement of:

Plate and/or

Emblem

Mutilated Plates and/or remaining plate returned for cancellation -

Back Plate

Front Plate

REGISTERED OWNER(S) OF RECORD:

Name: _____
LAST NAME, FIRST NAME MI

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

This application to be submitted with current year's registration

X _____
SIGNATURE OF REGISTERED OWNER OF RECORD

PRINT NAME OF REGISTERED OWNER