

COUNTY OF HAWAII
DEPARTMENT OF FINANCE
VEHICLE REGISTRATION & LICENSING DIVISION
101 PAUAAHI STREET, SUITE NO. 5
HILO, HAWAII 96720

APPLICATION FOR REGISTRATION OF TRAILER

TYPEWRITE OR PRINT IN INK

REGISTRATION EXPIRES

Make: _____ Model: _____ Body Type: _____

VIN# _____

Weight: _____ Lbs. GVW _____ Lbs. Year Model: _____

COLOR TOP OR FRONT

COLOR BOTTOM OR REAR

Date Sold New: _____

Safety Inspection Expires: _____

OFFICE USE ONLY

County Tax _____

State Tax _____

State Registration _____

Beautification _____

Total Tax _____

Plate/ Emblem _____

County Fee _____

OFFICE USE ONLY

Present Lic. No. _____ State: _____

ACCEPTED:

TITLE _____ REG. _____ CAI _____ B/S _____ MSO _____

B/L _____ PERMIT # _____

HOLD FOR:

TITLE _____ REG. _____ CAI _____ B/S _____ MSO _____

DATE ISSUED: _____ **CLERK:** _____

PENALTY

County _____

State _____

Total Penalty _____

Transfer Fee _____

Total

Hawaii County is an Equal Opportunity Provider and Employer

TYPEWRITE OR PRINT IN INK

REGISTERED OWNER(S):

Name _____
LAST FIRST MI

LAST FIRST MI

Mailing Address _____
STREET OR P.O. BOX ADDRESS

CITY STATE ZIP CODE

This application is made for the purpose of licensing the herein described trailer and not for titling purposes.

I (we) hereby certify that I am (we are) the owner(s) to the extent indicated hereon of the trailer described by the application and that the foregoing statement is true to the best of my (our) knowledge and belief.

IF FIRM, PRINT NAME AND TITLE OF AUTHORIZED PERSON

X _____
SIGNATURE(S) OF REGISTERED OWNER(S) SHOWN ABOVE OR IF FIRM, AUTHORIZED PERSON

To be filled in by
members of U.S.
military forces.



Branch of Service _____

Station _____

If vehicle purchased
new locally, dealer
countersign here.



This application certified true and correct.

Name of Dealer _____

By _____

AUTHORIZED SIGNATURE