



APPLICATION FOR KO HAWAII PAE AINA
IDENTIFICATION AND/OR OPERATOR CERTIFICATE

2" X 2"
Passport Photo
Attach Here

EMAIL THIS APPLICATION TO: __khpa.id.operator.certificate@pm.me__

NAME / INOA (PRINTABLE): _____

NAME (FULL VERSION FOR QR CODE): _____

CURRENT CITIZENSHIP: _____ DATE OF H. I. NATURALIZATION: _____

ADDRESS: _____ MOKU: _____

AHUPUAA: _____ MOKUPUNI: _____

BIRTH DATE / HANAU: _____ WAHINE _____ KANE _____

APPLICATION DATE: _____ PASSPORT PHOTO with gray or white background: yes no

EXPIRATION DATE: _____ CONTACT PHONE: _____

CIRCLE ONE: KANAKA MAOLI KANAKA HAWAII NATURALIZED HAOLE

PROFESSION / OIHANA _____

KHPA AUPUNI OFFICE AND POSITION IF APPLICABLE _____

EMERGENCY CONTACT NAME _____ PHONE _____

PHYSICAL DESCRIPTIONS AND COSTS				
Height		Medical Alerts		CURRENT EXCH RATE
Weight		ID COST	2 SILVER DOLLARS	
Hair Color		OC COST	2 SILVER DOLLARS	
Eye Color		ID +OC COST TOGETHER	3 SILVER DOLLARS	
		DISC. AUTHORIZATION	REQUEST DISCOUNT NEED	
			TOTAL:	

PAYMENT TYPE: CASH SILVER COIN

AUTHORIZED SIGNATURE FOR PAYMENT COMPLETED _____

DRIVER EXAMINER : _____ SIGNATURE _____

PASS/FAIL: _____ APPLICANT SIGNATURE WITHIN WHITE BOX BELOW WITH BLUE OR BLACK INK

For official use only
 Date: _____
 Applicant: _____
 Application #: _____
 Code Initial: _____
 Authorization #: _____
 Version: H. I.IDOC005EDITAPRIL825