

# Ko Hawaii Pae Aina Motor Vehicle Operators Identification

Please fill out all required fields below. Mahalo for your service to Ko Hawaii Pae Aina.

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Island \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_

Sex (K / W) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_