



Ko Hawaii Pae Aina

Motor Vehicle Operators Identification

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Island of Residence: _____

Address: _____

Eye Color: _____

Hair Color: _____

Height (ft/in): _____

Weight (lbs): _____

Sex (Kane / Wahine): _____

[] I certify the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____