

IMPORTANT NOTICE

You are required by law (Section 249-14.2, Hawaii Revised Statutes) to immediately notify the Division of Motor Vehicle, Licensing and Permits when you sell a bicycle/moped. This form is provided for use in reporting the sale or transfer to the Division and does not constitute application for transfer of ownership.

YOUR LIABILITY FOR THE BICYCLE/MOPED WILL NOT BE RELEASED IF YOU SUBMIT ILLEGIBLE OR INCOMPLETE INFORMATION.

TO REMOVE YOUR NAME FROM THE DIVISION'S RECORD, THE NEW BUYER MUST APPLY FOR TRANSFER USING THE ENDORSED CERTIFICATE OF REGISTRATION RECEIVED FROM YOU.

INSTRUCTIONS FOR COMPLETING THIS FORM

WARNING: ANY INCOMPLETE, INACCURATE OR ILLEGIBLE INFORMATION WILL PREVENT THE RECORDING OF THE INFORMATION CONTAINED IN THE NOTICE AND RESULT IN NONCOMPLIANCE WITH THE LAW.

1. This form is for registered owner transfers only.
2. Enter your LICENSE DECAL NUMBER in the space at the upper right area of the form.
3. Enter MAKE of Bicycle/Moped (Giant, CPI, etc.) and TYPE of bicycle/moped.
4. Enter BICYCLE/MOPED SERIAL NUMBER.
5. Enter DATE (month, day, year) you sold or transferred the described bicycle/moped.
6. TYPE or PRINT new owner's name and complete address on the appropriate line.
7. TYPE or PRINT your name(s) as seller(s) on the appropriate line.
8. SIGN your name immediately below the printed name of seller(s) line.
9. Enter your complete address below your signature.

BICYCLE/MOPED NOTICE OF TRANSFER

Notification must be made on this official form within TEN DAYS from the date of transfer or sale. Penalty for failure to comply is a fine up to \$100.00. Deliver properly endorsed Certificate of Registration to new buyer or owner.

DESCRIPTION OF BICYCLE/MOPED _____ LICENSE DECAL NUMBER _____

MAKE _____ TYPE _____ DATE OF TRANSFER _____

BICYCLE/MOPED SERIAL NUMBER _____

You are hereby notified that I (we), the undersigned owner(s) of the bicycle/moped described above, sold or transferred my (our) interest in said bicycle/moped to a new owner.

TYPE OR PRINT **NAME OF NEW OWNER** _____

TYPE OR PRINT **ADDRESS OF NEW OWNER** _____
(STREET, CITY, STATE, ZIP CODE)

TYPE OR PRINT **NAME OF SELLER(S)** _____

SIGNATURE OF TRANSFEROR(S) OR SELLER(S)

TYPE OR PRINT **ADDRESS OF TRANSFEROR(S) OR SELLER(S)** _____
(STREET)

(CITY, STATE, ZIP CODE)

**MAIL COMPLETED NOTICE TO: DMVLP
P.O. BOX 30350
HONOLULU, HAWAII 96820-0350**