

(Agency Letterhead)

Examiner of Drivers

City and County of Honolulu / County of Maui / County of Hawaii / County of Kauai

**VERIFICATION BY HOMELESS SERVICE PROVIDER
AUTHORIZED BY THE STATE HOMELESS PROGRAMS OFFICE**

This letter verifies that the following named individual is homeless pursuant to Section 346-361, Hawaii Revised Statutes,

_____ SSN _____
(FULL LEGAL NAME OF HOMELESS APPLICANT)

That in accordance with Section 286-304(d), Hawaii Revised Statutes, the following is the Applicant's principal address in the State of Hawaii:

(STREET AND APT. OR HOUSE NO., CITY, STATE AND ZIP CODE)

That in accordance with Section 286-309(2), Hawaii Revised Statutes, the Applicant is entitled to the waiver of fees for the issuance of an original or renewal civil identification card.

Dated: _____

(Valid for 30 days from date of issuance)

Printed Name of Authorized Person

Signature of Authorized Person

Name of Authorized Organization

Address of Authorized Organization

Telephone Number of Authorized Organization

City, State, Zip Code