

Administrative Driver's License Revocation Office ("ADLRO")

American Savings Bank Tower
1001 Bishop Street, Suite 500
Honolulu, Hawai'i 96813
Telephone: (808) 534-6800 / Fax: (808) 534-6888
Toll Free Number: 1-866-826-5656

Website: www.courts.state.hi.us/courts/administrative/adlro.html

DECLARATION OF RESPONDENT REGARDING DRIVER'S LICENSE

NAME:	ADLRO CASE NO.:
LAST FOUR DIGITS OF SSN:	
I understand that I am required to surrender my driver's license to the ADLRO. This includes my original license, and any/all duplicate licenses that I may have been issued. I am unable to do so because: (provide details – attach additional pages if necessary)	
I will immediately surrender my driver's license to t possession. This includes any/all duplicate driver's	
subject to prosecution if I make a false statement to false statement and/or failing to surrender my drive	false statement to the government and that I may be the ADLRO in this matter. Additionally, making a er's license as required may result in cancellation of apployee driver's permit and/or any other permission
I, (Print Name)the above statements are true and correct to the b	, declare, under penalty of perjury, that est of my knowledge.
SIGNATURE OF RESPONDENT	