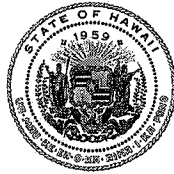


SB150

RELATING TO VOTING.

Requires that any person who is eligible to vote and applies for a motor vehicle driver's license, provisional license, or instruction permit, or for a civil identification card shall be automatically registered to vote if that person is not already registered to vote.



**STATE OF HAWAII
OFFICE OF ELECTIONS**

802 LEHUA AVENUE
PEARL CITY, HAWAII 96782
www.hawaii.gov/elections

SCOTT T. NAGO
CHIEF ELECTION OFFICER

TESTIMONY OF THE
CHIEF ELECTION OFFICER, OFFICE OF ELECTIONS
TO THE SENATE COMMITTEE ON TRANSPORTATION
ON SENATE BILL NO. 150
RELATING TO VOTING

January 27, 2015

Chair Nishihara and members of the Senate Committee on Transportation, thank you for the opportunity to testify on Senate Bill No. 150. The purpose of this bill is to require automatic voter registration for all applicants for a new or renewed driver's license or civil identification card, including a provisional license or instructional permit.

While the Office of Elections supports the intent of the bill to encourage voter registration, the present bill's requirement of automatic voter registration does not comply with the National Voter Registration Act (NVRA), which allows a driver's license applicant not to register to vote. 42 USC § 1973gg-3(a).

In order to best accomplish the goal of this bill, which is to encourage voter registration, while complying with the NVRA, we propose moving away from the current "opt-in" process for voter registration to a process that requires the applicant to explicitly choose either to register to vote or not register to vote. Specifically, we propose the following language for your consideration:

§11-__ Applications for a Driver's License or State Identification Card. (a) Notwithstanding any law to the contrary, an affidavit on application for voter registration shall be a part of the application associated with the issuance of a civil identification card under section 286-301 and a driver's license under section 286-109.

(b) Applications for an identification card or driver's license will not be processed until the applicant clearly indicates on the application that they are declining to register to vote or the portion of the application related to voter registration is completed.

With the enactment of such a law, we could amend the language of the affidavit on application for voter registration to require the applicant to affirmatively check off "NO" in terms of not wanting to register to vote, as opposed to the current system in which the applicant needs to only leave it blank to decline to register to vote. For example, the portion of the driver license and civil identification card relating to voter registration could be amended to read as follows:

Do you wish to register to vote?

If Yes, continue on to the Affidavit on Application for Voter Registration.

If No, please sign below indicating that you are declining to register to vote at this time.

Signature _____ Date _____

Driver license and civil identification card applications would not be allowed to be processed by the examiner of drivers until such time as the applicant affirmatively indicates that they are declining to register to vote or the applicant completes the voter registration application.

While such a process does not guarantee a hundred percent registration of such applicants, it does guarantee that each applicant will explicitly be given the opportunity to register to vote and the decision by an applicant to register or not register will be unambiguous.

Thank you for the opportunity to testify on Senate Bill No. 150.

STATE OF HAWAII IDENTIFICATION CARD APPLICATION

CHECK TRANSACTION REQUESTED: INITIAL RENEWAL DUPLICATE

| | | | | | | | | | | |
|----------------------------------|--------------------------|------------------------|---|----------|--|----------------------------|---------------|---|--|-------------|
| SID NUMBER | | SOCIAL SECURITY NUMBER | | | | DATE OF BIRTH (mm/dd/yyyy) | | | | |
| NAME | | LAST | | FIRST | | MIDDLE | | | | |
| MAIL ADDRESS | STREET OR P.O. BOX | | | APT. NO. | CITY | | STATE/COUNTRY | | ZIP CODE | |
| HOME ADDRESS | STREET ADDRESS | | | APT. NO. | CITY | | STATE/COUNTRY | | ZIP CODE | |
| HEIGHT | FEET | INCHES | WEIGHT (LBS) | | COLOR HAIR | | COLOR EYES | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| DO YOU WISH TO BE AN ORGAN DONOR | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | DO YOU HAVE AN ADVANCE HEALTHCARE DIRECTIVE? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | CITIZENSHIP |
| EMERGENCY CONTACT | NAME (LAST, FIRST, M.I.) | | | | | RELATIONSHIP | | | | |
| CONTACT ADDRESS | STREET OR P.O. BOX | | | APT. NO. | CITY | | STATE/COUNTRY | | ZIP CODE | |
| CONTACT TELEPHONE | AREA CODE | NUMBER | | OR | IDD PREFIX | COUNTRY CODE | | NUMBER | | |

I acknowledge that my social security number I am providing is required by Section 286-303(c)(7), Hawaii Revised Statutes. I further acknowledge that if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the county examiner of drivers, a randomly generated alternate number shall be issued by this agency for the sole purpose of providing me with a state identification card. **NOTE:** Your social security number or the randomly generated alternate number will **NOT** be the State Identification card number printed on your card.

Federal law requires all male applicants between the ages of 18 through 25 to be automatically registered with the United States Selective Service System. By submitting this application for the issuance of a state identification card, duplicate or renewal, the qualified applicant is consenting to registration with the United States Selective Service System, if so required by Federal law.

I hereby certify, under penalty of perjury, that all the information provided is true and correct and that I am the person named and described in this application. I understand that providing false information may be a violation of Federal and State Law

APPLICANT'S SIGNATURE _____ DATE _____

AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION (STATE OF HAWAII RESIDENTS ONLY!!)

Do you wish to register to vote? If "NO", STOP! If "YES", continue on.

Are you a registered voter in another state? YES NO

If so, where? _____
Address/County/State/Zip (your voter registration will be cancelled in that state)

Home Phone _____ Business Phone _____

| | |
|----------------------------|--------------|
| For office use only | |
| Affidavit Number _____ | |
| I.D. DL99 | Loc. Code 98 |

| | |
|--|--|
| FOR FEDERAL, STATE AND COUNTY ELECTIONS (you must meet all of the following qualifications to register to vote.) | |
| I hereby swear or affirm that I am: | |
| • A citizen of the United States: (Non-U.S. Citizens including U.S. Nationals do not qualify) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • At least 16 years of age | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| However, I understand that I must be 18 years old by election day to vote; and | |
| • A resident of the State of Hawaii | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| The residence in this affidavit is not simply because of my presence in the state, but that the residence was acquired with the intent to make Hawaii my legal residence with all of the accompanying obligations therein. | |
| ALL INFORMATION ON THIS AFFIDAVIT IS TRUE AND CORRECT. | |
| Signature _____ | Date _____ |
| <small>If you do not sign, we will assume you do not wish to register to vote.</small> | |

WARNING: Any person knowingly furnishing false information may be guilty of a Class C felony punishable by up to 5 years imprisonment and/or \$10,000 fine.

For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)

The office at which a person registers to vote is confidential. A person's declination to register to vote is confidential and is used for voter registration purposes only (National Voter Registration Act of 1993). §11-15 Hawaii Revised Statutes requires that a person registering to vote provide, under affirmation, a social security number. Any application lacking this information will be denied. Pursuant to Section 7 of the Privacy Act, be advised that this information may be released to government agencies for government purposes.

IMPORTANT

Print all requested information - Use ball point pen.

**STATE OF HAWAII
DRIVER'S LICENSE APPLICATION**

| | | |
|------------------------------------|--|---|
| CHECK TRANSACTION REQUESTED | <input type="checkbox"/> LICENSE RENEWAL | <input type="checkbox"/> INSTRUCTION PERMIT (New, Duplicate, Renewal) |
| | <input type="checkbox"/> OUT OF STATE TRANSFER | <input type="checkbox"/> DUPLICATE (Temporary, Lost, Name Change/Address) |

| | | | | | |
|---|------------------------|-------------------------------|------|-------------|-------------------|
| DRIVER LICENSE NUMBER/INSTRUCTION PERMIT NUMBER | SOCIAL SECURITY NUMBER | DATE OF BIRTH MO. DAY YEAR | TYPE | RESTRICTION | EYE-TEST LE RE |
|---|------------------------|-------------------------------|------|-------------|-------------------|

NAME (Last, First, Middle) _____

MAILING ADDRESS (Street or P.O. Box, City, State, Zip Code) _____

HOME ADDRESS (Street or P.O. Box, City, State, Zip Code; if no street address, describe location of residence) _____

| | | | | | |
|-------------------|----------------|------------|------------|---|--|
| HEIGHT FT. IN. | WEIGHT LBS. | COLOR HAIR | COLOR EYES | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | Do you wish to be an organ donor? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|----------------|------------|------------|---|--|

| | | |
|------------|------------------|--|
| OCCUPATION | BUSINESS ADDRESS | Do you have an advance health-care directive? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|------------|------------------|--|

PLEASE CHECK ANSWER YES OR NO AND COMPLETE THE INFORMATION REQUESTED

- Have you previously held a driver's license in Hawaii, another State or Country? YES NO
If YES, _____ (State or Country) (Lic. No. & Exp. Date)
- WITHIN THE LAST THREE (3) YEARS, have you:
 - Ever been convicted in the State of Hawaii for driving without a license? YES NO
If YES, _____ (County) (Date)
 - Had an application for any driver license been refused? ... YES NO
If YES, _____ (Date) (Reason)
 - Had any such license been suspended or revoked? YES NO
If YES, _____ (Date) (Reason)
Has such license been reinstated? YES NO
 - Ever been required to deposit proof of Financial Responsibility under the Motor Vehicle Financial Responsibility laws of the State of Hawaii? YES NO
- ARE YOU WEARING CONTACT LENSES? YES NO
- The medical information in the following three questions will be used only for the purpose of determining your eligibility to drive. The answers to the questions will be kept confidential
 - Within the last two years, have you had a loss of consciousness or physical control, which affected your functional ability to safely operate a motor vehicle? YES NO
 - Has your ability to drive been impaired (due to injury or illness) within the last two years? YES NO
 - If you marked "YES" to either of the above, which of the following condition(s) was it related to? (You must mark at least one box)

| | |
|---|---|
| <input type="checkbox"/> Neurologic/Orthopedic/Arthritic Conditions | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Seizure/Aneurysm/Stroke/Blackout Spells | <input type="checkbox"/> Chronic Alcoholism |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Other: (Explain) _____ | <input type="checkbox"/> Heart/Lung Condition |

NOTE: ALL DRIVER LICENSE RECORDS WILL BE VERIFIED THROUGH THE NATIONAL DRIVER REGISTER FOR STOPPER INFORMATION. ALL DENIED APPLICATIONS WILL REQUIRE WRITTEN CLEARANCE FROM JURISDICTION(S) THAT PLACED THE STOPPER(S).

Advance health-care directive means an individual instruction, in writing, a living will, or a durable power of attorney for health-care decisions.

Section 286-102.5, Hawaii Revised Statutes (HRS) requires all male applicants between the ages of 18 through 25 to be automatically registered with the United States Selective Service System. By submitting this application for the issuance of a permit, license, duplicate or renewal, the qualified applicant is consenting to registration with the United States Selective Service System, if so required by Federal law.

I acknowledge that my SOCIAL SECURITY number I am providing is required by Sections 19-122-1, 19-122-3 and Section 19-122-23, Hawaii Administrative Rules, in accordance with Section 7 of the Privacy Act and 42 United States Code, Section 405(c)2(c). I further acknowledge my SOCIAL SECURITY number, or if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the county driver licensing office, a randomly generated alternate driver license number shall be issued by this agency for the sole purpose of providing me with a driver's license.


IMPLIED CONSENT LAW: I agree to submit to a chemical test or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a police officer acting in accordance with Section 291E-11, Hawaii Revised Statutes (HRS). The license of anyone who refuses to be tested shall be subject to administrative revocation pursuant to Section 291E-41, HRS. I hereby certify, under penalty, that all the above information is true and correct, that I am the person named and described in this application.

APPLICANT'S SIGNATURE _____ DATE _____

| | | | |
|--|------------------------|-------------------------------|--|
| DRIVER LICENSE NUMBER/INSTRUCTION PERMIT NUMBER | SOCIAL SECURITY NUMBER | DATE OF BIRTH MO. DAY YEAR | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| NAME (Last, First, Middle) | | | |
| MAILING ADDRESS (Street or P.O. Box, City, State, Zip Code) | | | |
| HOME ADDRESS (Street or P.O. Box, City, State, Zip Code; if no street address, describe location of residence) | | | |

NOTICE: Section 11-15 of the Hawaii Revised Statutes requires that a person registering to vote provide, under oath, his or her social security number, if any. An application lacking this information, therefore, will be denied. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.

AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION (STATE OF HAWAII RESIDENTS ONLY!!)

Do you wish to register to vote? If **"NO"**, STOP!  If **"YES"**, continue on.

Are you a registered voter in another state? YES NO

If so, where? _____
Address/County/State/Zip (your voter registration will be cancelled in that state)

Home Phone _____ Business Phone _____

For office use only

Affidavit Number _____

I.D. DL99 Loc. Code 98

FOR FEDERAL, STATE AND COUNTY ELECTIONS (you must meet all of the following qualifications to register to vote.)
 I hereby swear or affirm that I am:

- A citizen of the United States: (Non-U.S. Citizens including U.S. Nationals do not qualify) YES NO
- At least 16 years of age..... YES NO

However, I understand that I must be 18 years old by election day to vote; and

- A resident of the State of Hawaii..... YES NO

The residence in this affidavit is not simply because of my presence in the state, but that the residence was acquired with the intent to make Hawaii my legal residence with all of the accompanying obligations therein.

ALL INFORMATION ON THIS AFFIDAVIT IS TRUE AND CORRECT.

Signature _____ Date _____
If you do not sign, we will assume you do not wish to register to vote.

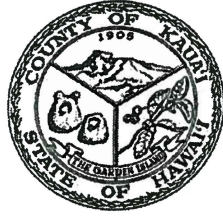
WARNING: Any person knowingly furnishing false information may be guilty of a Class C felony punishable by up to 5 years imprisonment and/or \$10,000 fine.

For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)

The office at which a person registers to vote is confidential. A person's declination to register to vote is confidential and is used for voter registration purposes only (National Voter Registration Act of 1993). §11-15 Hawaii Revised Statutes requires that a person registering to vote provide, under affirmation, a social security number. Any application lacking this information will be denied. Pursuant to Section 7 of the Privacy Act, be advised that this information may be released to government agencies for government purposes.

RICKY R. WATANABE
County Clerk

Telephone: (808) 241-4800
TTY: (808) 241-5116



JADE K. FOUNTAIN-TANIGAWA
Deputy County Clerk

Facsimile: (808) 241-6207
E-mail: elections@kauai.gov

**ELECTIONS DIVISION
OFFICE OF THE COUNTY CLERK
4386 RICE STREET, SUITE 101
LĪHU'E, KAUA'I, HAWAI'I 96766-1819**

**TESTIMONY OF RICKY R. WATANABE
COUNTY CLERK, COUNTY OF KAUA'I
TO THE SENATE COMMITTEE ON TRANSPORTATION
ON SENATE BILL NO. 150
RELATING TO VOTING**

January 27, 2015

Chair Nishihara and Committee Members:

Thank you for the opportunity to testify on Senate Bill No. 150. This Bill would require the automatic voter registration of all eligible applicants for a motor vehicle driver's license, provisional license, or instruction permit, or for a civil identification card.

While we support the Bill's intent, we are concerned about several provisions and offer technical comments to address potential adverse impacts to County operations if the Bill is passed in its current form.

Implementation

Section 11-A (b) of the Bill requires the examiner of drivers (EOD) to use all original, duplicate, or change of address driver's license, provisional license, instructional permit, or civil identification cards as voter registration applications, and to transmit information from the aforementioned applications to the clerk of the county in which the applicant resides. However, the Bill does not specify how voter registration information will be transmitted.

Currently, the EOD transmits voter registration information in hardcopy form. County staff then manually enter (type) the information from each application into the statewide voter registration system (SVRS).

In Kaua'i county, approximately a quarter (1/4) of the applications received from the EOD are requesting to register to vote and the remaining three-quarters (3/4) of the applications are from applicants who do not wish to register, so the Bill as proposed will potentially quadruple the number of forms the Counties must manually process.

Given this, we recommend that the Bill require information to be transmitted electronically and include each voter's signature image for use in authenticating absentee ballot signatures and other election documents. We also request that funding

be included in the Bill so a secure electronic process can be developed to transmit voter registration information and signatures.

Underage Applicants

Section 11-A (c) of the Bill would require the clerk to defer the application of any applicant who is less than 18 years of age and register the individual once the applicant turns 18 years old.

HRS 11-12 (b) already allows otherwise qualified individuals at least 16 years of age to preregister to vote. County staff preregister all qualified applicants by entering information from the individual's application into the SVRS. Programming within the SVRS automatically changes the registrant's status from preregistered to eligible voter once the individual reaches the age of 18.

We would prefer to adopt this process to fulfill similar provisions of this Bill and recommend against deferring or holding onto applications until the applicant is 18 years of age because information could change during the "deferral" period and possibly allow an individual to register to vote with outdated information.

Miscellaneous Concerns

Though we defer to legal counsel, it appears that requiring all qualified driver's license applicants to become registered voters may not comply with provisions in the National Voter Registration Act, which allows applicants to "opt-out" and not register to vote.

Finally, given the need to fund and develop a system for electronically transmitting voter information and signatures, we recommend pushing back the effective date to ensure sufficient time is allowed to plan and develop a secure process for transmitting and processing the aforementioned data.

Thank you for this opportunity to testify in support of Senate Bill No. 150.



RICKY R. WATANABE
County Clerk

From: mailinglist@capitol.hawaii.gov
To: [TRA Testimony](#)
Cc: jshon@hawaii.edu
Subject: Submitted testimony for SB150 on Jan 27, 2015 14:45PM
Date: Tuesday, January 27, 2015 7:43:40 AM

SB150

Submitted on: 1/27/2015

Testimony for TRA on Jan 27, 2015 14:45PM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---------------------|---------------------------|---------------------------|
| Dr. Jim Shon | Individual | Support | No |

Comments: I strongly support all measures that facilitates a citizen's right to vote.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov