

PERMIT NO. _____
OUT OF STATE YES NO

MEDICAL INFORMATION WAIVER
Chapter 134, Hawaii Revised Statutes

I, _____, do freely and in compliance with sections 134-2 and 134-7
(PLEASE PRINT NAME)
of the Hawaii Revised Statutes, authorize the Chief of Police in the City and County of Honolulu access
to any and all records which have a bearing on my mental health for the strict purpose of determining
my qualification to acquire, own, possess, or have under my control, a firearm.

Name of physician/facility: _____

DOCTOR'S ADDRESS DOCTOR'S TELEPHONE NO.

DATE SIGNATURE OF APPLICANT

WITNESS DATE TIME

HPD-89 (R-05/13)