

**BOARD OF PRIVATE DETECTIVES AND GUARDS
EMPLOYEE REGISTRATION FORM FOR DETECTIVE AGENCY/FIRM/SOLE**

Access this form via website at: cca.hawaii.gov/pvl

State of Hawaii, Dept. of Commerce and Consumer Affairs
Professional & Vocational Licensing Division
335 Merchant St., Rm. 301 or P.O. Box 3469
Honolulu, HI 96813 Honolulu, HI 96801
Phone: (808) 586-3000

Name of Private Detective/Agency/Firm or Sole (Not tradename)

Hawaii Business Address on file with DCCA (Not P.O. Box)

Check here if this is a new Hawaii Business Address

License No. of PDA _____ or Sole _____

Check Semi-Annual Period Reporting: **Jan-Jun DUE July 31st**

Jul-Dec DUE January 31st

Reporting Year:

20 _____

Check here if you have not hired or terminated any employee during this semi-annual period. Skip to "Certification of Responsible Principal" section.

Instructions for filing:

1. Complete **all fields** for each employee hired or terminated during the semi-annual period doing any type of investigative work and indicate that their educational, criminal, psychiatric, and psychological histories have been checked and/or attested to and are in compliance with HRS Chapter 463. Form will be returned if information is incomplete.
2. Submit **completed** registration forms on or before July 31st and January 31st respectively. **Failure to do so shall result in the Board initiating an investigation for disciplinary action. Notify the Board in writing if you no longer have employees to stop the reporting requirements. Submit completed PDG-18.**
3. Completed registration forms shall be submitted to report "no employment changes" during the reported semi-annual period.
4. Submit **original** forms. Make a copy for your files prior to submittal.

Name & Address	Birthdate	Education	Criminal	Psychiatric	Psychological	Date of Hire	Termination Date
Name: _____ Address: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: _____ Address: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: _____ Address: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*****ADDITIONAL SPACE AVAILABLE ON PAGE 2*****

Certification of Responsible Principal:

I hereby certify that I have not hired or terminated any employee during this semi-annual period or that the above information is true and correct, and that each of the above employee's educational, criminal, psychiatric, and psychological histories have been checked and/or attested to and are in compliance with the requirements of Chapter 463, HRS and Chapter 16-97, HAR prior to hire and periodically post hire.

Name of Responsible Principal (**Please Print**)

Signature of Responsible Principal

License No.: _____

Date: _____

Name of Licensee: _____

Lic. No. (SOLE/PDA): _____

Date: _____

Name & Address	Birthdate	Education	Criminal	Psychiatric	Psychological	Date of Hire	Termination Date
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: Address:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.