

BOARD OF PRIVATE DETECTIVES AND GUARDS

Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii
335 Merchant Street, Rm. 301, Honolulu, HI 96813
P.O. Box 3469, Honolulu, HI 96801
Access this form via website at: hawaii.gov/dcca/pvl

EMPLOYMENT RECORD OF PARTNER, OFFICER, DIRECTOR, MANAGER OR MEMBER OF PRIVATE DETECTIVE OR GUARD AGENCY

NAME OF PARTNER, OFFICER,
DIRECTOR, MANAGER OR MEMBER: _____
First Middle Last

NAME OF AGENCY APPLYING FOR LICENSE: _____

Provide date of fingerprinting: _____. An agency application must be filed within 30 days of the fingerprinting to ensure that results are obtainable from the HCJDC.

List all employment within the last 10 years. Begin with your present employer. If you were suspended or discharged from any employment, explain below.

Dates (Mo/Day/Yr)		Position Held	Name & Address of Employer	Reason for Leaving
From	To			

List all localities that you have resided in the last 10 years:

Explanations if you were suspended or discharged:

(CONTINUED ON PAGE 2)

***** NOTARIZED SIGNATURE REQUIRED ON PAGE 2 *****

THIS FORM MAY BE DUPLICATED AS NEEDED

Print Name of Applicant: _____

Date: _____

I hereby certify that all statements given here and/or attached thereto are true and correct to the best of my knowledge. I agree and understand that any misstatements of material facts herein may be cause for denial of license.

Signature of Partner, Officer, Director, Manager or Member

Date

Print Name

Subscribed and sworn to before me this

_____ day of _____ A.D. 20 _____.

Notary Signature: _____

Notary Public, State of: _____

My commission expires: _____

Print Name: _____

Doc. Date: _____ No. of Pages: _____

Notary Name: _____ Circuit Court: _____

Doc. Description _____

Notary Signature: _____

Date _____

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.