EXPERIENCE VERIFICATION - GUARD INSTRUCTOR

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

PART I. TO BE COMPLETED BY APPLICANT

Fill in your legal NAME, DATE and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

Name of Applicant:	Mailing Address of Applicant:
Date:	

PART II. TO BE COMPLETED BY LICENSED GUARD SUPERVISOR OR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed guard, or a former or current employer is necessary to verify the above Applicant's work experience and duties as a guard. The Board requires that applicants who desire to be security guard training instructors shall (among other things) have had experience reasonably equivalent to at least four years of full-time guard work, plus two years of experience as a supervisor, trainer, instructor, or manager of guard employees; or four years as a police officer with a police department of a State or political subdivision; or as a guard with any federal, state, county, or municipal government agency. Acceptable verification of the Applicant's guard experience may be provided by a licensed guard (if employed by a guard agency); or an employer (attorney, insurance company, hotel, retail establishment, etc.) working with and/or responsible for the Applicant who can attest to the guard work the Applicant performed.

NOTE: If self-employed, please provide verification of a valid guard or other appropriate license that allowed you to contract to provide guard services. **Please sign before a Notary Public.** Please return this completed "*Experience Verification-Guard Instructor*" form to the **Applicant** who must attach it to the security guard training instructor application form for submittal to the Board.

Name and Address of Supervisor	Employer's Name and Address
Title: _____	Type of Business: [ ] Law Enforcement (federal, state, county, etc.) [ ] Guard Agency [ ] Government (federal, state, county, etc.) [ ] Proprietary security (e.g., retail, hotel, bank, armored car, hospital, night club, condominium association, etc) Please list. _____
Guard License No. (if applicable): _____ Years Licensed: _____	Guard Agency License No. (if applicable): _____ (Attach copy of current license) Years Licensed: _____

Applicant's Employment Information:

Employment Date:	Termination Date:	Total Length of Employment: yrs. mos.	Average Hours Per Week:

Please check all that apply to the above Applicant (i.e., the Applicant's experience as a):

☐ Supervisor	From: _____	To: _____	☐ Instructor	From: _____	To: _____
☐ Trainer	From: _____	To: _____	☐ Manager	From: _____	To: _____

(CONTINUED ON PAGE 2)

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

Name of Applicant: _____ Date: _____

EXPERIENCE: 1. Describe in detail the Applicant's guard experience, and the Applicant's supervisor, trainer, instructor, and/or manager duties performed by the Applicant.

CERTIFICATION

I hereby certify that the information provided in this "Experience Verification-Guard Instructor" is true and correct. I understand that any misrepresentation is grounds for possible disciplinary action against the applicant or my license if applicable.

_____ _____

Signature of Supervisor, Employer, or Applicant if Self-Employed in front of a Notary Public Date

Subscribed and sworn to before me this

_____ day of _____ A.D. 20 _____.

_____

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.