BIENNIAL NOTICE TO RENEW - ACQUISITION AGENT

INSTRUCTIONS & INFORMATION

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

1. This form is to be used by an acquisition agent for renewal of its time share acquisition agent registration and is to be completed before December 31 of each odd-numbered year. A separate application for renewal shall be submitted with respect to each time share plan for which the applicant is registered.

2. This application will not be acted upon by the Director unless every statement in the application pertaining to the applicant is completed and the application is submitted in the manner specified in Section 16-106-4.2(b), Hawaii Administrative Rules ("HAR"), Time Sharing. This includes, but is not limited to submitting materials under numbered index tabs in the exact order as follows:

   A. Registration form.

   B. Evidence of bonding.

   C. Executed agency agreement applicable to time share plan.

   D. Service of process.

   E. Certificate of good standing.

   F. Fee.

3. The Director will act upon this application within 60 days after receipt of a complete application.

4. Please attach payment of renewal fees for the respective applicant in the amount specified in Section 16-53-40.3, HAR, Time Sharing, as follows:

   Acquisition Agent: $60 Renewal
   $42 Compliance Resolution Fund

   The above-prescribed fees shall be paid in the form of a check made payable to: "***Department of Commerce and Consumer Affairs***". (check must be in U.S. dollars and be from a U.S. financial institution.)

   The applicant's registration may be placed on inactive status upon payment of the above fee for the respective applicant; provided that the applicant renews such registration biennially on or before December 31 of each odd-numbered year.

5. Failure, neglect or refusal of the applicant to pay the renewal fee prescribed for such applicant and submit the documents specified in Section 16-106-4.2, HAR, shall constitute a forfeiture of the applicant's registration. Any registration which has been forfeited may be restored within 90 days upon written application and payment to the Department of the delinquent fees and a penalty fee of $400; provided that the registration meets all of the requirements for renewal specified in Section 16-106-4.2, HAR, of the time share rules for the respective applicant. The applicant shall not engage in any time share activities in connection with the forfeited registration until the registration has been restored.

6. Mail or deliver all required items to: *Time Share Program*
   Dept. of Commerce & Consumer Affairs
   335 Merchant Street, Room 329, P.O. Box 3469
   Honolulu, HI 96801

7. All time share registrants should study and become familiar with Hawaii Revised Statutes Chapters 436B and 514E, and HAR Chapters 53 and 106. These may be found on the Department's website at: **hawaii.gov/dcca/pvl**.

APPLICATION FOR RENEWAL OF REGISTRATION OF TIME SHARE ACQUISITION AGENT

FOR OFFICE USE	Forfeited _____
	Restored _____

1. Name of applicant: _____

2. Address: _____

3. Status of registration: ◯ active ◯ inactive Reg. No.: _____

4. Applicant is: ◯ individual ◯ corporation ◯ limited liability company

   ◯ partnership ◯ joint venture ◯ limited liability partnership

Name of officers/partners/members/managers	Title	Address

5. Responsible managing employee(s):

_____
Name

_____ _____
Mailing Address (include suite no., city, state and zip code) Phone No.

_____
Name

_____ _____
Mailing Address (include suite no., city, state and zip code) Phone No.

_____
Name

_____ _____
Mailing Address (include suite no., city, state and zip code) Phone No.

(CONTINUED ON PAGE 2)

Acq. Agent	627.....	$60
CRF.....	621.....	$42
Penalty.....	631.....	$400

Print Name of Applicant: _____ Date: _____

6. Applicant's Attorney:

_____
Name

_____ _____
Mailing Address (include suite no., city, state and zip code) Phone No.

7. Time share property or plan:

a. Name: _____

b. Location: _____

c. Developer: _____
Name

_____ _____
Mailing Address (include suite no., city, state and zip code) Phone No.

d. Reg. No.: _____

8. Escrow Account:

Developer escrow account currently maintained at _____
Name

_____ _____
Mailing Address (include suite no., city, state and zip code) Phone No.

_____
Account No.

9. The following questions apply to the applicant and/or its partners, officers, directors, members, managers, real estate brokers (if applicable), and RME(s):

a. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ◯ YES ◯ NO

b. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? . . . . . ◯ YES ◯ NO

c. Are there any disciplinary actions presently pending against you? . . . . . ◯ YES ◯ NO

For any "YES" response, provide information of the date, place, and type of conviction or disciplinary action on a separate sheet.

I certify that the above information and statements are true and correct.

Date: _____ _____
Signature of Applicant

_____
Print Name and Title

Print Form

This material can be made available for individuals with special needs. Please call the Time Share Administrator at (808) 586-2709 to submit your request.