

VERIFICATION OF LICENSE - COLLECTION AGENCY

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

Collection Agency Program
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT	Name (Individual - First, Middle, Last) OR (Name of Corporation/Partnership/LLC/LLP):	Social Security Number (If individual):
	Business Location (Include suite no., city, state and zip code):	License Number:
	Mailing Address, ONLY if different from above (Include suite no., city, state and zip code) :	Date Issued:
	I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Collection Agency Program.	
SIGN HERE: _____ TITLE: _____		Date: _____

TO BE COMPLETED BY LICENSING AGENCY:

LICENSING AGENCY	This is to certify that the above-named entity or individual was issued license number: _____ to operate as a collection agency:	
	Date issued: _____	
	Date license/certificate expires: _____	
	License status:	<input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____
	Has this license/certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain "Yes" response and attach copy of board's order and related information.)	
Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain "Yes" response and attach copy of board's order and related information.)		
Does your state require Hawaii collection agencies to register or become licensed in your state before collecting debts in your state? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS:		
Signature: _____ Title: _____ State: _____ Date: _____		BOARD SEAL
<i>TO THE APPLICANT: Attach original, with board's seal, to your application form.</i>		

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.