

REQUIREMENTS & INSTRUCTIONS - GUARD EMPLOYEE REGISTRATION

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

THE LAW

In 2010, the Legislature established new training requirements for guards in HRS chapter 463 (see, Act 208, SLH 2010).

Pursuant to HRS section 463-10.5, effective July 1, 2013, all guards, and all agents, operatives, and assistants employed by a guard agency, private business entity, or government agency who act in a guard capacity shall apply to register with the Board, and meet the following registration, instruction, and training requirements prior to acting as a guard:

1. Be not less than eighteen (18) years of age;
2. Possess a high school education or its equivalent;
3. Not be presently suffering from any psychiatric or psychological disorder which is directly related and detrimental to a person's performance in the profession;
4. Not have been convicted in any jurisdiction of a crime which reflects unfavorably on the fitness of the individual to act as a guard, unless the conviction has been annulled or expunged by court order; provided that the individual shall submit to a national criminal history record check as authorized by federal law, including, but not limited to the Private Security Officer Employment Authorization Act of 2004, and specified in the rules of the Board.
5. Successfully complete eight (8) hours of classroom instruction given by a Board approved instructor on a Board approved curricula before the first day of service; and
6. Four (4) hours of classroom instruction biennially thereafter.

INSTRUCTIONS FOR FILING

APPLICATION

1. Use the on-line fillable form or print legibly in BLACK ink.
2. Answer all questions. If an item/question is not applicable to you, please indicate that it is not applicable with, "NA".
3. Sign and date the Application.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the laws below. **For a license to be issued, you must provide your Social Security Number or your Application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

HRS §576D-13(j) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

HRS §436B-10(4) which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (see, the above federal laws).

CRIMINAL HISTORY RECORD CHECK FEDERAL BUREAU OF INVESTIGATION ("FBI") REPORT

All applicants are required to submit to a FBI fingerprint check through the Hawaii Criminal Justice Data Center ("HCJDC").

To obtain a FBI national Criminal History Record Check and the State of Hawaii Criminal History Record Check, applicants shall be fingerprinted electronically at **Fieldprint Inc.** locations nationwide or any other fingerprinting agency approved to send electronic fingerprints to the HCJDC.

**(cont'd)
CRIMINAL HISTORY
RECORD CHECK
FEDERAL BUREAU
OF INVESTIGATION
("FBI") REPORT**

Please visit Fieldprint Inc. at: <http://fieldprinthawaii.com> to make an appointment, inquire about other available site locations on the continental United States, or call (877) 614-4361.

Fees for the FBI and the State of Hawaii Criminal History Record Checks shall be paid directly to Fieldprint and will be electronically sent to the HCJDC.

NOTE: Fingerprinting cards are no longer available from the Board's office.

NOTE: An Application to register as a guard must be filled within thirty (30) days of the fingerprinting to ensure that the results are obtainable from the HCJDC. If the results are not obtainable, you will be required to obtain new fingerprints.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

**HIGH SCHOOL
EDUCATION**

Attach any of the following to demonstrate that you have a high school education or its equivalent:

- A photocopy of your high school diploma;
- A certified transcript of your high school record;
- A statement (on official letterhead) from the state's Department of Education attesting to graduation or that the equivalent of a high school education has been completed;
- A photocopy of an associate's, bachelor's, master's, or doctorate degree; or
- A DD-214 form verifying at least four years of experience in the military, or a notarized statement from your Commanding Officer attesting to your military experience.

If an applicant is unable to submit any of the above, the applicant may submit the following:

- A notarized "Statement of Educational Background to Register as a GUARD" (PDG-31) from current or former employers attesting to at least four (4) years of work experience requiring the ability to read, comprehend, apply written directions, understand verbal instructions, have a reasonable degree of verbal skill and the ability to write clear factual reports.
- Verification of employment as a police officer or firefighter for any of the four (4) counties in this State, for the State of Hawaii, or for the federal government (e.g. a letter from a County Human Resources or Supervisor); or
- Verification of employment as a State of Hawaii sheriff (e.g. a letter from a State Department Personnel Officer or Supervisor).

**PSYCHIATRIC or
PSYCHOLOGICAL
HISTORY**

If you are presently suffering from a psychiatric or psychological disorder, **please submit the following:**

- An explanation of the underlying facts and circumstances surrounding your psychiatric/psychological disorder and treatment.
- Letters from your treating licensed health care practitioner (e.g. psychologist, psychiatrist, psychiatric mental health nurse practitioner, adult psychiatric and mental health clinical nurse specialist) regarding the diagnosis, status of your psychiatric or psychological disorder, and assessment of your ability to work in the registered/licensed profession (principal guard, guard employee, principal detective).
- Letters of recommendation from your current employer regarding your reliability, trustworthiness and ability to work as a guard employee.

INSTRUCTIONS FOR "YES" ANSWERS TO QUESTIONS (4) AND (5) OF THE APPLICATION FOR REGISTRATION (PDG-30)

- A. The following documentation must be submitted with the license Application. Applications for registration will not be considered without this material.

(CONTINUED ON PAGE 3)

- 1) Question 4 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "YES" to one or more of these questions, you must **submit** the following:
 - i. A detailed statement signed by you explaining the underlying circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents.

- 2) If question 5 of your Application indicates a criminal conviction, you must **submit** the following:
 - i. A detailed statement signed by you explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
 - ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence) if applicable, proof of payment of fines; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge).
 - iv. Letters of recommendation from any physicians, counselors, and other members of the community (no relative) who can objectively attest in writing to a firm belief that you have been sufficiently rehabilitated to warrant the public's trust.
 - v. Letters of recommendation from your current employer regarding your reliability and trustworthiness to work as a guard employee.

**MANDATORY
8 HOUR CLASSROOM
INSTRUCTION**

Attach evidence of completion of an eight (8) hour Board approved course given by an instructor approved by the Board. The Certificate shall indicate the name of the approved curricula and guard instructor, the name of the organization providing the course, the date of the class, and the signature of the approved guard instructor.

**RENEWAL AND
4 HOURS OF
CONTINUED
CLASSROOM
INSTRUCTION**

All guard registrants, regardless of issuance date, are subject to renewal on or before June 30, every two (2) years (biennial renewal) beginning June 30, 2014. All guard registrants shall provide proof of completing a Board approved four (4) hour course to renew their guard registration every two (2) years. Prior to June 30, 2016, and every renewal thereafter, (2018, 2020, etc.), to renew your guard registration, you will be required to take a four (4) hour Board approved course given by an instructor approved by the Board.

**BOARD'S
ADDRESS**

Mail all required documents/items to:

BOARD OF PRIVATE DETECTIVES & GUARDS
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

FEES

1. *If your registration is approved between July 1, even-numbered year to June 30, odd-numbered year, pay \$126
(Application** - \$10, Registration fee - \$54, Compliance Resolution Fund*** - \$44, 1/2 Renewal fee - \$18)

2. If your registration is approved between July 1, odd-numbered year to June 30, even-numbered year, pay \$86
(Application** - \$10, Registration fee - \$54, Compliance Resolution Fund*** - \$22)

Make checks payable to: "COMMERCE & CONSUMER AFFAIRS". (Check must be made in U.S. dollars and be from a U.S. financial institution.)

(CONTINUED ON PAGE 4)

**(Cont'd)
FEES**

- * **SUBJECT TO RENEWAL BY JUNE 30, EVEN-NUMBERED YEARS (2014, 2016, 2018), REGARDLESS OF ISSUE DATE. PLEASE READ DETAILED INFORMATION UNDER LICENSE RENEWALS.**
- ** Application fee is not refundable.
- *** The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered in resolving complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.

NOTE: *One of the numerous legal requirements that you must comply with in order to register as a guard is the payment of fees as set forth in this Application. If your payment is dishonored, you will have failed to pay the required registration fee. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason your Application is denied, you may be entitled to a hearing as provided by Hawaii Administrative Rules, chapter 16-201 and/or HRS chapter 91. Your written request for a hearing must be directed to the agency that denied your Application, and must be made within sixty (60) days of notification that your Application has been denied.

INACTIVE STATUS

Act 94, SLH 2004 established an inactive status which allows registrants, upon written request, to hold their registrations in abeyance if not currently being used in an effort to reduce a regulatory burden. This will result in lower renewal fees, the preservation of the previously met registration requirements (i.e., training) and reduce costs. An active registration may be placed on inactive status by filing an "Inactivation Application" and paying the appropriate fee. While on inactive status, a registrant shall not act in a guard capacity. The registration may be reactivated at any time by **filing an "Application for Reactivation"** and meeting all requirements established by the Board, including the payment of the appropriate fees and providing any information regarding any conviction of any crime that reflects unfavorably on the fitness of the registrant to engage in the profession, and information that the registrant, while on inactive status, has suffered a psychiatric or psychological disorder that is directly related and detrimental to the registrant's performance in the profession.

GENERAL INFORMATION

LAWS & RULES

A copy of the applicable laws, HRS chapter 463 and HAR chapter 97, relating to private detectives and guards may be obtained by submitting a written request to: The Board of Private Detectives & Guards, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. HRS chapter 436B, the Professional and Licensing Act, should be read in conjunction with the above laws and rules.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Private Detective and Guard".

**CHANGES TO
REQUIREMENTS**

Applicants are subject to requirements in effect at the time of filing.

**BIENNIAL RENEWAL
& CONTINUING
EDUCATION
REQUIREMENTS**

All registrations, regardless of issuance date, are subject to renewal on or before **June 30, of each even-numbered year**. All guard employee registration holders will need to complete the continuing education requirements prior to the time of renewal. Payment of renewal fees, information relative to conviction of the registrant of a crime which reflects unfavorably on the fitness of the registrant to engage in the profession, and information on any psychiatric or psychological disorder you are presently suffering from must be provided. Registrations **NOT** renewed by June 30 are forfeited and the holders of a forfeited registrations are considered unregistered and may not engage in the trade or profession. Forfeited registrations may be restored upon written application within one year and upon submittal of all required documents, fees, delinquent fees, and a penalty fee.

Registrants who do not restore their registrations within the one year period are required to file as new applicants.

(CONTINUED ON PAGE 5)

**APPLICANT
CHECKLIST**

This is a checklist of items required to apply for registration and for you to check the items that have been submitted.

HAVE YOU COMPLETED THESE STEPS TO START YOUR APPLICATION PROCESS?

- Answered all questions on the Application form?
- Signed the Application form?
- Attached the \$126/\$86 application fee (payable to Commerce & Consumer Affairs)?
- Attached evidence of a high school education or its equivalent?
- Fingerprint at Fieldprint Inc. and paid all required fees for submission to the FBI?
- Attached certificate of completion of eight (8) hour mandatory classroom instruction.

Your Application is considered complete when ALL REQUIRED DOCUMENTS are in the Board's office. Please note that the report from the FBI must also be received. Registration must be completed within one year of the application date.

**RELEASE OF
INFORMATION**

If any agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign, and date it.

**ABANDONMENT
OF APPLICATION**

Your Application shall be considered abandoned, shall be destroyed and all fees forfeited if you fail to secure a registration **within one year after filing the Application**.

APPLICATION - GUARD EMPLOYEE REGISTRATION

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

Read the "Requirements & Instructions - Guard Employee Registration" handout before completing this Application.

Full Legal Name (First, Middle)		(Last)
Other Names Used (include maiden, nickname, etc.) - REQUIRED if any other documents you submit are in another name		
Physical Residence Address (Include Apt. No., City, State and Zip Code) - REQUIRED NO P.O. BOX ACCEPTED AS A "RESIDENCE" ADDRESS		
Mailing Address (ONLY if different from above)		
Social Security No.	Age	Phone No. (days)

FOR OFFICE USE ONLY

Registration No.: GDE -	Effective Date:
Approved: <input type="checkbox"/>	Initials/Date:
Denied: <input type="checkbox"/>	
<input type="checkbox"/> Fee - \$126/\$86	<input type="checkbox"/> FBI Check
<input type="checkbox"/> High School or Equivalent	<input type="checkbox"/> Match
<input type="checkbox"/> Guard Training	

- Provide date you were fingerprinted to obtain the national (FBI) and State Criminal History Record Check: _____
- **NOTE:** Your application **must** be submitted within **30 days** of the fingerprinting or you may be subject to re-fingerprinting if your results are not obtainable from the HCJDC.
- Provide date you completed the 8 hours of mandatory classroom instruction (i.e., guard training): _____

Check your answers. If response is "YES" to questions 4, 5, and/or 6, refer to the instructions for additional documents that must be submitted with this Application.

- Are you at least 18 years old? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- Are you presently suffering from any psychiatric or psychological disorder? YES NO
 - **If "YES", submit an explanation of your disorder, statements from your treating licensed healthcare practitioner (see instruction on page 2) regarding the diagnosis and status of your psychiatric or psychological disorder indicating your ability to work as a guard employee.**
- Has any license or registration ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
 - **If "YES", submit a detailed statement signed by you explaining the circumstances.**
- Are there any disciplinary actions pending? YES NO
 - **If "YES", attach a detailed statement.**
- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
 - **If "YES", submit a detailed statement signed by you explaining the circumstances leading up to the conviction and copies of all related court documents, letters of recommendation from physicians, counselors or other members of the community (no relatives) attesting to a firm belief that you have been sufficiently rehabilitated to warrant the public's trust; and letters of recommendation from your current employer regarding your reliability and trustworthiness to work as a guard employee.**

(SIGNATURE REQUIRED ON PAGE 2)

Name of Guard Employee Applicant: _____

Date: _____

EDUCATION	Dates (mo/yr)		Name & Location (city/state)	Date of Completion/Graduation	Did you receive a diploma or certificate?
	From	To			
			High School		<input type="radio"/> Yes <input type="radio"/> No
			College/University		<input type="radio"/> Yes <input type="radio"/> No

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

CERTIFICATION BY APPLICANT:

I hereby certify that the statements, answers and representations made in this Application and the attachments thereto are true and correct. I understand that any misrepresentation is grounds for refusal to register, and is a misdemeanor (*see, HRS sections 710-1017, 436B-19, and 463-4*). I further certify that I have read and agree to comply with all laws and rules that apply to guards and individuals who act in a guard capacity.

I, the undersigned, consent to be fingerprinted and to the retention of my fingerprints by the Hawaii Criminal Justice Data Center. I also consent to the release of information to Department of Commerce and Consumer Affairs ("DCCA"), Board of Private Detective and Guards regarding criminal history information contained in my record for the purpose of determining my qualifications to be licensed, registered or employed as a principal detective, principal guard, detective or guard agency or guard employee. I understand that DCCA, Board of Private Detective and Guards may use information authorized by this release only for the purpose for which it is obtained.

SIGNATURE OF APPLICANT

Date

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my Application (including, but not limited to Application status) to the following third party:

Print Name of Individual: _____

Name of Organization: _____

SIGNATURE OF APPLICANT

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.