

REQUEST FOR VERIFICATION OF LICENSE

NAME THAT WILL APPEAR ON RECORD: _____

I have a license (type and number): _____

I do NOT have a license (request is for Applications Section).

I. Requestor information (name and address):

II. Indicate the following:

I would like to:

Pick up the verification at the DCCA PVL office when it is ready. Contact me at:

Have the verification mailed to:

III. Review, sign and date:

I understand that it may take up to 4 weeks for this request to be processed. There is a processing fee of \$15 for each verification requested (make check payable to Commerce and Consumer Affairs). Payment must be remitted before verifications will be processed.

Signature and Date

Please return this form to:

PVL Licensing - Records Section
PO Box 3469
Honolulu HI 96801

VER...\$15.00
BCF...\$25.00