REQUIREMENTS FOR REACTIVATION/STATUS CHANGE
BOND WAIVER/CONVERSION - CONTRACTORS

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

Mail required documents to:		Deliver to office location at:	Toll free voice access numbers for the neighbor islands:	
Contractors License Board DCCA, PVL Licensing Division P.O. Box 3469 Honolulu, HI 96801	OR	335 Merchant St., Room 301 Honolulu, HI 96813 Phone: (808) 586-3000	Molokai & Lanai: Hawaii: Maui: Kauai:	1-800-468-4644 ext. 6-3000 974-4000 ext. 6-3000 984-2400 ext. 6-3000 274-3141 ext. 6-3000

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure 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.

NO APPLICATION/FEES REQUIRED FOR THE FOLLOWING:

CHANGING FROM "CONDITIONAL" STATUS TO "UNCONDITIONAL" STATUS

Submit a letter requesting that your license be placed on "Unconditional" status. Letter must include mailing address and license number.
NOTE: *Additional documentation may be required for conversion to unconditional status.*

ENTITY WITH CURRENT LICENSE APPOINTING A NEW RME OR ADDITIONAL RME WITH CURRENT LICENSE

Confirmation of the change in status is required.

1. **Submit** letter from entity stating name of new or additional RME.
2. **Submit** letter from RME stating change from one entity to another.
3. A signed "*Principal RME Designation*" form (available at Board's office), if applicable.

Please note:

1. If an entity is not licensed in Hawaii, a new application must be filed.
2. If the RME is not licensed in Hawaii, a new application must be filed.
3. If both the entity and RME do not hold the same classifications, then an "*Application for Additional Classification*" must be filed by the entity.
4. If a sole proprietor changes to another entity (Corporation, Partnership, J/V, LLC, LLP), the entity must apply for a new license. The sole proprietor's status will change to Responsible Managing Employee, and thereafter two licenses (entity & RME) must be maintained.

RME CHANGING ENTITY AFFILIATION OR PRESENTLY A SOLE PROPRIETOR GOING TO BE AN RME

Refer to same requirements as ENTITY appointing a new RME.

To be an RME for more than one entity, or to remain a sole proprietor while also serving as an RME for an entity, submit a letter requesting "**dual status**". Certain conditions must be met to qualify for dual status. Call Board office for details.

APPLICATION/FEES ARE REQUIRED FOR THE FOLLOWING:

ATTACH the appropriate amount and make check payable to: "*COMMERCE & CONSUMER AFFAIRS*". (Check must be in U.S. dollars and be from a U.S. financial institution.)

CHANGING FROM "ACTIVE" STATUS TO "INACTIVE" STATUS

1. $12 fee and complete "Inactivation" application (LB-51). Contact the Board's office for application.
   NOTE: Entity's insurance status must be **current** to place license on "inactive".

(CONTINUED ON PAGE 2)

CONVERSION TO ANOTHER ENTITY

1. $50 fee and complete application (CT-15).
2. A "file-stamped" copy of the Articles of Organization for the new entity filed with the Business Registration Division of the Department of Commerce and Consumer Affairs (BREG). Contact them at (808) 586-2727.
3. Copy of Certificate of Conversion issued by BREG.
4. Rider or new Certificate of Liability and Workers' Compensation Insurance.
5. If bond is required - Rider or new bond to reflect new name.

PRESENTLY ACTIVE AND REACTIVATING C-19 ASBESTOS CLASS (RME & SOLE PROPRIETOR ONLY)

1. $50 fee and complete application (CT-15).
2. **Submit** proof of completing a current EPA-approved asbestos 8-hour refresher training course.

THE FOLLOWING ACTIONS REQUIRE BOARD APPROVAL *and must be received in the Board's Honolulu office on or before the 20th day of the month prior to the scheduled meeting date. The Board is scheduled to meet once a month, except for the month of December. Make checks payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)*

PRESENTLY INACTIVE AND WILL BE REACTIVATING AS RME

1. $50 fee and complete application (CT-15).
2. Letter from entity stating that he/she will be their RME. (If the entity is not licensed in Hawaii, a new application must be filed along with this application.)
3. **Credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date. **(If RME inactive for less than 60 day period, no credit report is required.)**
4. If you hold a C-19 Asbestos classification, submit proof of current EPA asbestos refresher training course.

PRESENTLY A RME AND CHANGING TO SOLE PROPRIETOR

1. $50 fee and complete application (CT-15).
2. Letter from RME verifying dissociation from contracting entity.
3. **Submit financial statement (not more than a year old)** prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license. **NOTE**: Financial statement must be signed by the applicant.
4. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
5. **Credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.

PRESENTLY INACTIVE AND WILL BE REACTIVATING AS SOLE PROPRIETOR

1. $50 fee and complete application (CT-15).
2. **Submit financial statement (not more than a year old)** prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license. **NOTE**: Financial statement must be signed by the applicant.
3. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
4. **Credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. If you hold a *C-19* Asbestos classification, **submit** proof of current EPA-approved asbestos 8 hour refresher training course.

(CONTINUED ON PAGE 3)

PRESENTLY INACTIVE CORPORATION, PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP AND WILL BE REACTIVATING

1. $50 fee and complete application (CT-15).
2. **Submit financial statement (not more than a year old)** prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license. **NOTE**: Financial statement must be signed by the applicant.
3. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
4. **Credit report** of officers/partners/managers/members and RME covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. Letter from RME stating status change. (If not licensed in Hawaii, a new application must be filed along with this application.)
6. Certificate of Good Standing for business entity which can be obtained from the Department of Commerce and Consumer Affairs, Business Registration Division (phone: (808) 586-2727).

PRESENTLY ACTIVE SPECIALTY AND REACTIVATING "A" GENERAL ENGINEERING OR "B" GENERAL BUILDING CLASS(ES) (ENTITIES & SOLE PROPRIETOR ONLY)

1. $50 fee and complete application (CT-15).
2. **Submit financial statement (not more than a year old)** prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license. **NOTE**: Financial statement must be signed by the applicant.

BOND WAIVER

1. $25 fee and complete application (CT-15).
2. **Submit financial statement (not more than a year old)** prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license. **NOTE**: Financial statement must be signed by the applicant.

NOTE: Upon approval by the Board, the following may be due:

Evidence of liability-property damage insurance
Evidence of workers' compensation insurance
Applicable fees
Business address
Trade name registration
A signed "*Principal RME Designation*" form (available at Board's office) and, if applicable other items that may be required by the Board.

Print Form

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.

APPLICATION FOR REACTIVATION, STATUS CHANGE, BOND WAIVER, CONVERSION - CONTRACTOR

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

Name of Applicant (Sole Proprietor/RME: First, Middle, Last; or give name of entity):	
Trade Name (if any):	
Hawaii Business/Residence address (include apt. no., city, state & zip code):	
Mailing address (if different from above):	
Social Security No.:	Phone No. (days):
Classification(s) Held:	Classification(s) Reactivating:

FOR BOARD USE ONLY

License No. CT -	Eff. Date
CLASS(ES):	
☐ RME/Entity Appointment	☐ Tax Clearance
☐ Financial Statement	☐ BREGS
☐ Credit Report (Sole/RME)	☐ Bond Rider
License No. Held:	

Check only one:

- ◯ Sole Proprietor
- ◯ Corporation
- ◯ Partnership
- ◯ Limited Liability Company (LLC)
- ◯ Limited Liability Partnership (LLP)
- ◯ Responsible Managing Employee (RME)
- ◯ Joint Venture (J/V)

Application is being made to: (check one)

◯ **REACTIVATION CLASS** ◯ **REACTIVATION LICENSE** ◯ **CHANGE STATUS** ◯ **BOND WAIVER** ◯ **CONVERSION**

If applicant is corporation, partnership, J/V, LLC, or LLP, provide:	**If applicant is Responsible Managing Employee (RME), provide:**
Name of RME:	**Name of employing firm:**
License No.:	License No.:

(CONTINUED ON PAGE 2)

Appl	115	$ 25/$50	RF	908	$150/$10
React	111	$150/$50	EF	909	$ 10/$ 5
Service Charge	BCF	$ 25			

Print Name of Applicant: _____ Date: _____

Complete only if applicant is **reactivating a license as a corporation, partnership, J/V, LLC or LLP**. List name(s) of officers, directors, managers, or members. (**NOTE: Each name(s) listed requires a credit report.**)								
	Provide Name and check Title					Provide Name and check Title			
	◯ President	◯ Manager	◯ Member	◯ Partner		◯ Secretary	◯ Manager	◯ Member	◯ Partner
	Name:					Name:			
	◯ Vice-President	◯ Manager	◯ Member	◯ Partner		◯ Treasurer	◯ Manager	◯ Member	◯ Partner
	Name:					Name:			

The undersigned hereby applies for license pursuant to the provisions of Chapter 444, Hawaii Revised Statutes, and vouches for the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements hereto attached.

I hereby certify that the statements, answers and representations made in this application and in the documents submitted are true and correct. I understand that any material misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 444-17, Hawaii Revised Statutes.) I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 444 and Hawaii Administrative Rules, Chapter 77.

_____ _____
Applicant's Signature Date

_____
Title

Release of Information to Third Party:

To assist me in the licensing process, I 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:

Name of Individual who is assisting you: _____

_____ _____
Applicant's 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.

CONTRACTORS FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of _____ , 20 _____ **(not more than one year old)** is for:

Name of Applicant: _____

(Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP)

Note: The name listed on this financial statement must be exactly the same name listed on your application under "Name of Applicant".

ASSETS:

CURRENT ASSETS:

Cash *(include checking account)* ..... $ _____

Savings Account..... _____

Time certificates *(within 1 year)*.... _____

Deposit with bids ..... _____

TOTAL CASH..... $ _____

Accounts receivable *(completed contracts)*..... _____

Earned estimated & retainage *(uncompleted contracts)* _____

Other accounts receivable..... _____

Work in progress *(unbilled)*..... _____

Notes receivable..... _____

Stocks and bonds..... _____

Life insurance *(cash value)*..... _____

Other current assets..... _____

TOTAL CURRENT ASSETS..... $ _____

OTHER ASSETS:

Material in stock *(not included in any items above)*..... $ _____

Inventory or other materials..... _____

Other assets..... _____

TOTAL OTHER ASSETS..... $ _____

FIXED ASSETS:

Equipment at net book value..... $ _____

Real estate..... _____

Furniture and fixtures at net book value..... _____

Tools..... _____

Other fixed assets..... _____

TOTAL FIXED ASSETS..... $ _____

TOTAL ASSETS..... **$** _____

(SIGNATURE OF APPLICANT REQUIRED ON PAGE 2)

Financial Statement as of _____ , 20 ____ **(not more than one year old)** is for:

Name of Applicant: _____

(Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP)

LIABILITIES:

CURRENT LIABILITIES:

Notes payable *(due within one year)*:

To banks regular ..... $ _____

To material men ..... _____

To other *(exclusive of Equipment)*.... _____

TOTAL NOTES PAYABLE..... $ _____

Accounts payable:

Subcontractors..... $ _____

Material men..... _____

Others..... _____

TOTAL ACCOUNTS PAYABLE..... $ _____

Current maturities *(long-term debt)*..... $ _____

Accrued payrolls..... _____

Federal and state income tax..... _____

Payroll taxes *(including F.I.C.A. S.U.I. and income taxes withheld)*..... _____

Other accrued taxes, interest, etc..... _____

Encumbrances on equipment *(due within 1 year)*..... _____

Other Current Liabilities *(specify)*:

_____

_____ _____

TOTAL CURRENT LIABILITIES..... $ _____

LONG-TERM LIABILITIES:

Long-term debt *(less portion due within one year)*..... $ _____

Encumbrances on equipment *(due after 1 year)*..... _____

Encumbrances on real estate..... _____

Billings in excess of cost on uncompleted contracts.. _____

Other long-term liabilities *(specify)*:

_____

_____ _____

TOTAL LONG-TERM LIABILITIES..... $ _____

TOTAL LIABILITIES..... $ _____

NET WORTH:

Capital stock *(if corporation, show shares authorized, issued-par value)*..... $ _____

Surplus..... _____

TOTAL NET WORTH..... $ _____

TOTAL LIABILITIES AND NET WORTH..... **$** _____

THE STATEMENT BELOW MUST BE SIGNED BY THE APPLICANT, WHETHER CPA USES THIS FORM OR HIS OWN.

Print Form

This statement must be signed, whether CPA uses this form or his own.

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I certify that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor *(Sec. 710-1017, Sections 436B-19, and 444-17, Hawaii Revised Statutes).*

SIGNATURE OF APPLICANT: _____

TITLE *(owner, president, etc.)*: _____

In the opinion of the undersigned, the above statement fairly presents, on the date indicated, the financial condition of the applicant. The undersigned has no interest in the above enterprise.

SIGNATURE OF C.P.A. or P.A.: _____ LICENSE NO.: _____

PRINT NAME: _____ STATE: _____

SHALL BE PREPARED AND SIGNED BY A LICENSED PUBLIC ACCOUNTANT (PA) OR CERTIFIED PUBLIC ACCOUNTANT (CPA) HOLDING A CURRENT PERMIT TO PRACTICE. IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF A CURRENT LICENSE. Note: Financial Statements prepared by bookkeepers and tax preparers are not acceptable.

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.