

**Professional and Vocational Licensing Division**  
**FAX: (808) 586-3031**

**Deliver to: 335 Merchant Street, Suite 301**  
**Honolulu, HI 96813**

**Mail to: P.O. Box 3469**  
**Honolulu, HI 96801**

## ADDRESS / NAME CHANGE / DUPLICATE LICENSE REQUEST

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**\*\*This form is to be used only by licensees regulated by the Professional and Vocational Licensing Division\*\***

### 1. OLD Name or OLD Address

Please complete the request form using the on-line fillable form, OR by printing legibly in dark ink.

LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Social Security No. \_\_\_\_\_ Profession \_\_\_\_\_ License No. or Application applied for \_\_\_\_\_

Entity Name \_\_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_\_

OLD Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This address is my: ☐ RESIDENCE HOME ☐ BUSINESS (other than listed below) ☐ MAILING

### 2. NEW Name or NEW Address

**NOTE: You may NOT use this form to request a change of BUSINESS name.** A copy of any of the following documentation must accompany a name change request: marriage license, divorce decree, court order, etc. **DO NOT SEND ORIGINALS.**

LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Entity Name \_\_\_\_\_

\_\_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_\_  
E-mail Address

NEW Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This address is my: ☐ RESIDENCE HOME ☐ BUSINESS (other than listed below) ☐ MAILING

### 3. Business Address Changes

The following licensing areas require a "Relocation Application": Barber Shops, Beauty Shops, Beauty Schools, Massage Therapy Establishments, Motor Vehicle Dealers/Dealer Branches/Auctions, Repair Dealers, and Pharmacies. Links to these forms can be found on the applicable home pages.

Real Estate licenses require a "Change" Form. Pest Control licenses require a "Zoning Certification" Form. Pharmacy Miscellaneous Permits require an original verification of the change from the home state Board. Links to these forms can be found on the applicable home pages.

Incomplete requests will not be processed. You will not receive confirmation of the address change. Please allow twenty (20) business days from receipt of your request for your change of address to be posted in our database.

**NOTE:** Your records will be updated **only if your license is current.**

(RETURN BOTH PAGES - SIGNATURE REQUIRED ON PAGE 2)

#### 4. Duplicate Wallet License Request (optional)

If you want a duplicate wallet license printed with your new name and/or address, check the reason you need a duplicate, sign and date your request, and attach a check or money order for **\$10.00** made payable to: COMMERCE AND CONSUMER AFFAIRS. A new license will be requested for you and should arrive in your mailbox within two weeks. **You are not required to obtain a new license when you change your name or address. This is strictly your choice.** During your next renewal, the renewal notice and license will automatically print with your new name and/or address.

Attach fee of **\$10.00** and **CHECK ONE REASON BELOW:**

- |   |  |
|---|--|
| <input type="checkbox"/> Name Change                      | <input type="checkbox"/> Destroyed/Lost  |
| <input type="checkbox"/> Address Change                   | <input type="checkbox"/> Stolen (Fee waived) - <b>A COPY OF POLICE REPORT MUST BE SUBMITTED ALONG WITH THIS REQUEST.</b> |
| <input type="checkbox"/> Printed w/the wrong Name/Address | <input type="checkbox"/> Other, explain: _____   |

#### 5. Duplicate Wall Certificate Request (optional)

If you want a duplicate wall certificate, check the reason you need a duplicate, sign and date your request, and attach a check of money order for **\$10.00** made payable to: COMMERCE AND CONSUMER AFFAIRS. A new wall certificate will be requested for you and should arrive in your mailbox within two weeks.

Attach fee of **\$10.00** and **CHECK ONE REASON BELOW:**

- |   |  |
|---|--|
| <input type="checkbox"/> Name Change              | <input type="checkbox"/> Destroyed/Lost        |
| <input type="checkbox"/> Printed w/the wrong Name | <input type="checkbox"/> Other, explain: _____ |

The following license types do NOT have wall certificates:

COLAX	MEDICAL (RESIDENCY & EMTB/EMTP)	NSG (RN/LPN ENDORSEMENT,
CONTRACTOR (RME)	MIXED MARTIAL ARTS	APRN & RX)
ELECTRICIAN/PLUMBER	MVI (CONSUMER CONSULTANT,	PEST CONTROL (RME & PCFR)
ELEVATOR MECHANIC	SALESPERSON)	PORT PILOT
EMPLOYMENT AGENCY (PRINCIPAL)	MVR (MECHANICS)	REAL ESTATE (CHO)

#### 6. Affidavit

I hereby certify that the information provided on this form is true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, HRS).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### 7. Deliver, fax, or mail this completed form to the ADDRESS ON PAGE 1. If payment is required for your request, attach payment.