

CERTIFICATE OF COMPETENCE

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

PART I. TO BE COMPLETED BY APPLICANT

- A. Complete Part I only.
- B. Give form to **three (3) persons** who will be certifying your competence.
- C. Have person give back after completed so it can be attached to your application before it is submitted.
- D. **DO NOT HAVE RELATIVES COMPLETE THIS FORM.**
- E. This form may be duplicated.
- F. Be advised that incomplete forms will be returned for completion and will delay the processing of your application.

Applicant's Name (First, Middle, Last)

Type of License Applying for

PART II. TO BE COMPLETED BY PERSON CERTIFYING TO APPLICANT'S COMPETENCE

- A. Complete Part II only.
- B. Your signature must be witnessed by a Notary Public.
- C. After completing form, give back to the applicant.

Name (First, Middle, Last)

Occupation/Profession

Complete Mailing Address (Include Apt. No., City, State & Zip Code)

Employer

Residence Phone

Business Phone

I, the undersigned, not being related to the applicant and realizing the importance of accurate information as a basis for issuance of license, hereby certify that I have been personally acquainted with the applicant for _____ years and that he/she is competent, trustworthy and fair.

I am willing to answer any questions asked in regard to the applicant.

_____ Date

_____ Signature

Subscribed and sworn to before me this

_____ day of _____ A.D. 20 ____ .

Notary Signature: _____

Notary Public, State of: _____

My commission expires: _____

Print Name: _____

Doc. Date: _____ No. of Pages: _____

Notary Name: _____ Circuit Court: _____

Doc. Description: _____

Notary 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.