

IMPORTANT ANNOUNCEMENT
ADDENDUM TO CONTRACTOR LICENSE APPLICATIONS

CONCERNING THE SUBMITTAL OF A

CHRONOLOGICAL HISTORY OF PROJECTS FORM

EFFECTIVE IMMEDIATELY

Every applicant for a RESPONSIBLE MANAGING EMPLOYEE (RME) or a SOLE PROPRIETOR contractor's license must submit a "**Chronological History of Projects**" form as documentation of the applicant's previous supervisory work experience. Use as many pages as necessary to verify your four (4) years of supervisory experience. The "Chronological History of Projects" form may be duplicated and is available on the Contractor License Board's website: <http://cca.hawaii.gov/pvl/files/2013/06/CTProjectForm.pdf>

Submit a separate "Chronological History of Projects" form **for each classification** the applicant intends to engage. Only include work experience performing on-site supervision and direction of employees.

Please ensure that the "Chronological History of Projects" form is filled out completely (provide information in each column of the form) and that it includes the following:

- A description of your supervisory work experience performed in-house, with your own crew; and work or trades that were subcontracted to other contractors; and the means and methods of each project listed.
- The "Contract Amount" stated should be commensurate with information stated in the "Detailed Description of the Work You Supervised".
- The "Amount of Supervisory Experience" should only include the actual amount of time spent on-site supervising your own crew. Do not include time spent for design, ordering materials, scheduling or downtime for rain-outs or waiting for delivery of materials.

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 ADDITIONAL CLASSIFICATION - CONTRACTOR

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

<i>READ FILING INSTRUCTIONS ON REVERSE SIDE</i>		Lic. No.	Eff Date:
Name of Applicant		FOR OFFICE USE	
Business/Residence Address (include apt. no., city, state & zip code)			
Mailing Address (ONLY if different from above)			
Social Security No. or Federal Employer I.D. No.	Phone No. (days)		
Check only one: <input type="checkbox"/> Individual (sole owner) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture (J/V) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Responsible Managing Employee (RME)		License No.: _____ Class(es) Held: _____ Classification requesting (check): <input type="checkbox"/> "A" - General Engineering Contracting <input type="checkbox"/> "B" - General Building Contracting <input type="checkbox"/> "C" - Specialty Contracting. Indicate symbol(s): _____ _____ _____	
If applicant is a corporation, partnership, J/V, LLC, LLP, provide: Name of RME: _____ Lic. No. - _____		<u>Applicants for the C-19 ASBESTOS classification</u> are required to submit approved proof of training. Refer to the information/instructions on the reverse side.	
If applicant is a Responsible Managing Employee (RME), provide: Name of employing firm: _____ Lic. No. - _____			

RME APPLICANTS ONLY	Employer (if self-employed, so state)	Description of Work in Detail	Dates (Month/Yr)	
			From	To
	Name			
	Address			
	Name			
	Address			
	Name			
	Address			
List Names of five (5) major projects you have supervised in classification being requested. Attach additional sheets, if necessary. 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ Outline scope of work performed by you as a supervisor:				

I hereby certify that the statements contained in this application are true and correct to the best of my knowledge.

Applicant's Signature

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.

Title

Date

IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant _____	Classification requesting (check) <input type="checkbox"/> A - General Engineering <input type="checkbox"/> B - General Building <input type="checkbox"/> C - _____ <input type="checkbox"/> C - _____
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THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> RME Lic. # _____ Classifications held: _____ <input type="checkbox"/> FELLOW EMPLOYEE <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> OTHER (specify): _____ _____	Employment Dates (mo/yr): <hr/> From: _____ To: _____ <hr/> Length of service: Yrs. _____ mos. _____ <hr/> Dates applicant has supervised: From: _____ To: _____ TOTAL TIME: _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME - _____ Hours per week, if part-time _____	Indicate LEVEL applicant worked at: <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____ _____ (Refer to the board's definitions of each of the above levels on the reverse side.) Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? (Circle or underline your answer.) YES NO Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing? YES NO
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DESCRIBE IN DETAIL THE TYPE OF SUPERVISORY WORK PERFORMED BY THE APPLICANT:

Section 444-30, HRS, of the contractors license law provides that: Any person or his agent who files with the Contractors License Board any notice, statement, or other document required under the provisions of the contractors license law, which is false or untrue or contains any material misstatement of fact is guilty of a misdemeanor.

Certification of Person Completing this Form:

I, _____ hereby certify that I have personally known the person named _____

 (Print name of certifier)

as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

Date _____

 Signature of the Certifier

Subscribed and sworn to before me

Print Your Name _____

This _____ day of _____ 20 _____

Address of Certifier _____

Notary Public, State of _____

Contractors License No. ENTITY: _____ / RME: _____

My commission expires: _____

Licensed Classifications of Certifier _____ State _____

Home Phone No. (_____) _____

Business Phone No. (_____) _____

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made.

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "*Personnel of Record*" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, RETURN IT TO THE APPLICANT SO THE APPLICANT MAY ATTACH IT TO THE APPLICATION.

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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 and 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..... \$ _____

LIABILITIES:

CURRENT LIABILITIES:

Notes payable (due within one year):
To banks regular \$ _____
To material men _____
To other (exclusive of Equipment) _____
TOTAL NOTES PAYABLE \$ _____
Account 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 \$ _____

This statement must be signed, whether accountant 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 NUMBER _____
PRINT NAME: _____ STATE _____

SHALL BE PREPARED AND SIGNED BY A LICENSED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT 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.

NOTE: IF APPLYING FOR MORE THAN ONE CLASSIFICATION, SUBMIT A SEPARATE LIST FOR EACH.

SAMPLE

Classification requested*
(Check one only)

- "A" General Engineering
 "B" General Building
 "C" _____

CHRONOLOGICAL HISTORY OF PROJECTS COMPLETED

Project Start Date	Project End Date	Project	Employer	Employer's Classification	Position Title (# of workers supervised)	Detailed Description of the Project and the Work You Supervised	Contract Amount**	Amount of Supervisory Experience** (yrs/months)
1/12/14	6/22/14	John Doe Residence 220 Palama Street, Honolulu	John Construction	"B" General Building	Foreman - 8 workers	New residence - supervised foundation, framing, roofing with own crew. Coordinated plumbing, electrical, and drywall subcontractors	\$200,000	5 months
8/1/13	5/1/14	J. Doe Communications, Honolulu, HI	John Excavating Inc.	C-17 Excavating, grading & trenching	Construction supervisor - 12 workers	Detailed description: Construction of 90 site CMI/PCS network. Project consisted of excavating/trenching for installation of new conduit & manhole/vault systems. Grading of affected work areas to normal conditions. Direct supervision of: installation of new communications conduits & manhole systems by in-house crews. Included excavation, trenching, directional drilling & surface restoration/grading (asphalt & concrete).	\$1,200,000	6 months (Actual supervisory time - not the time project is on the books)

***You must submit a separate list for each classification requested.**

**All information should be specific to the license classification you are applying for. As in the second example, if you are applying for a specialty classification, the contract amount and years/months of supervisory experience should be specific to that specialty, and not the entire construction project (project start and end dates).

Please Print Name:

Entity: _____

RME: _____

Sole Owner: _____

Classification requested*
(Check one only)

"A" General Engineering

"B" General Building

"C" _____

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