

EXPERIENCE VERIFICATION - PRIVATE DETECTIVE

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

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

Name of Applicant:	Mailing Address of Applicant:
Date:	

PART II. TO BE COMPLETED BY LICENSED DETECTIVE SUPERVISOR OR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed private detective or a former or current employer is necessary to provide valid and accurate verification of experience and investigative duties. The Board requires that applicants shall have had experience reasonably equivalent to at least four years of full-time investigational work. For private detectives, the Board may accept employment: as an investigator under the supervision of a licensed private detective; as a police officer with a police department of a state or political subdivision; as an investigator with any federal, state, county, or municipal government agency; or as an investigator by an attorney-at-law, law firm or other private entity. Acceptable verification is from a licensed private detective (if employed by a detective agency); or an employer (attorney, insurance company, hotel, retail establishment, etc.) working with and/or responsible for the applicant who can attest to the investigational work the applicant performed. NOTE: If self-employed, please provide verification of a valid private detective's or other appropriate license that allowed you to contract to provide investigational services. **Please sign before a Notary Public.** Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form for submittal to the Board.

Name and Address of Supervisor	Employer's Name and Address
Title: _____	Type of Business: <input type="checkbox"/> Law Enforcement (federal, state, county, etc.) <input type="checkbox"/> Private Detective Agency <input type="checkbox"/> Government (federal, state, county, etc.) <input type="checkbox"/> Other (please list): _____
Detective License No. (if applicable): _____	Detective Agency License No. (if applicable): _____ (Attach copy of current license)
Years Licensed: _____	Years Licensed: _____

Applicant's Employment Information:			
Employment Date:	Termination Date:	Total Length of Employment:	Average Hours Per Week:
		yrs. mos.	

(CONTINUED ON PAGE 2)

***** NOTARIZED SIGNATURE REQUIRED ON PAGE 2 *****

Print Name of Applicant: _____

Date: _____

EXPERIENCE: 1. Describe in detail the investigational work and duties performed by the applicant. (i.e. case investigation and documentation, review of criminal and civil history records, interviews of individuals, collection and handling of evidence, court testimony, surveillance, etc.)

AFFIDAVIT:

I certify that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor, Employer, or Applicant if Self-Employed in front of a Notary Public

Date

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 _____