

# INFORMATION & INSTRUCTIONS FOR FILING - MOTOR VEHICLE CONSUMER CONSULTANT

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

## What is a Motor Vehicle Consumer Consultant?

A motor vehicle consumer consultant means an individual who, for a fee from a consumer, advises consumers on different types of motor vehicles and features of various motor vehicles to meet the consumer needs. A motor vehicle consumer consultant represents a consumer in any negotiations with motor vehicle dealers. A motor vehicle consumer consultant is NOT a motor vehicle salesperson; may not be affiliated with any motor vehicle dealers in any manner. A motor vehicle consumer consultant **shall not hold a motor vehicle salesperson license or motor vehicle dealer license concurrently with a motor vehicle consumer consultant registration.**

**NOTE:** If you are currently employed with a Hawaii Motor Vehicle Dealer, **attach** a letter of release.

## Minimum Qualifications

All applicants shall possess at least two (2) full years of working experience as a motor vehicle salesperson; or similar experience that enabled the applicant to obtain specialized knowledge of various types, and features of different motor vehicles and of motor vehicle transactions. If your experience was gained in another state, send the attached license verification form (MOVE-21) to that state.

## How are Consultants Compensated?

Motor vehicle consumer consultants are prohibited from accepting any compensation, including commission or finder's fees from motor vehicle dealers or motor vehicle salespersons.

## APPLICATION

Type or print **legibly** in dark ink. Answer ALL questions and sign the application.

If there are any "YES" answers to questions 5 thru 7 of the application form, refer to the section on "YES" answers on page 2.

Applicants are subject to requirements in effect at the time of filing.

- **Failure to provide all the requested information will delay the processing of your application.**

## SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency.

### **FEDERAL LAWS:**

**42 U.S.C.A. §666 (a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a license health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

### **HAWAII REVISED STATUTES ("HRS"):**

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

## FEES

**Attach** the fee of \$114. (Registration fee-\$40 + CRF-\$74). Make check payable to: *COMMERCE & CONSUMER AFFAIRS*. (check must be in U.S. dollars and be from a U.S. financial institution.)

**Once you are registered as a Consumer Consultant, ALL FEES PAID are non-refundable.**

All licenses, regardless of issuance date, are subject to renewal by June 30, even-numbered years.

(CONTINUED ON PAGE 2)

**FEES  
(Continued)**

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**BOARD'S  
ADDRESS**

Mail all required items to:

Motor Vehicle Industry Licensing Board  
DCCA, PVL Licensing Branch  
P. O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant Street  
Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

**LAWS & RULES**

A copy of Chapter 437, Hawaii Revised Statutes and Chapter 86, Hawaii Administrative Rules, may be obtained by submitting a written request to: Motor Vehicle Industry Licensing Board, Commerce & Consumer Affairs, P. O. Box 3469, Honolulu, Hawaii 96801. *Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.*

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Motor Vehicle Industry".

**Instructions for "YES" Answers to Questions (4) thru (6) (MOVE-16)**

- A. The following documentation must be submitted with the application. Applications will not be considered without this material.
- 1) Questions (5) and (6) refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license, both motor vehicle and those other than motor vehicle. If your answer is "yes" to either of these questions, read paragraph "B" below, AND you must submit the following:
    - i. A detailed statement **signed by you** explaining the underlying circumstances; and
    - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents including proof of payment of any fines and your current standing with the agency.
    - iii. A resume of any employment, business activities, and education since the date of the action.
    - iv. If your driver's license was subject to suspension, revocation, a Traffic Abstract must be submitted. Contact Traffic Court for this.
  - 2) If you answer "yes" to question (7), read paragraph "B" below, and you must submit the following:
    - i. A detailed statement **signed by you** explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
    - ii. A copy of all related court documents (i.e. indictments, judgements, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each sentence; and
    - iii. If applicable, a copy of the terms of probation and/or parole **and** a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge;
    - iv. If applicable, letters from any counselors or therapists discharging you from their program(s) and providing their conclusions and recommendations as to the extent of your rehabilitation.

(CONTINUED ON PAGE 3)

- v. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Phone: (808) 587-3100 or visit their website at: [www.ecrim.hawaii.gov](http://www.ecrim.hawaii.gov) to request a "Criminal History Record Check".
- vi. If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.
- vii. If your criminal conviction was a federal crime, a current Federal Criminal History Record Check will also be required. In Hawaii, contact the HCJDC for procedures and fees related to this request.

B. If you answered "yes" to any of the above questions, your application will be reviewed at a Motor Vehicle Industry Licensing Board meeting if you have provided all information and documents described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of reapplication.

**BIENNIAL  
RENEWAL**

All licenses expire on June 30 of each even-numbered year and must be renewed by June 30, regardless of when the license was issued. License fees and renewal fees are not prorated.

**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.

**APPLICATION FOR REGISTRATION - MOTOR VEHICLE  
CONSUMER CONSULTANT**

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**SECTION I. PERSONAL DATA**

Legal Name (First, Middle)	(Last)
Other Names Used	
Residence Address (Include apt. no., city, state, and zip code) - <b>REQUIRED</b>	
Mailing Address ( <b>ONLY</b> if different from above)	
Telephone No(s). (Days)	Social Security Number

FOR OFFICE USE ONLY

APPROVED:

Effective Date:

Registration No.

CCV -

**SECTION II. TO BE COMPLETED BY APPLICANT**

Check answers. **If response to question Nos. 5, 6, or 7 is "yes", refer to instructions for additional documents that must be submitted with this application.**

1. Are you at least 18 years of age?.....  Yes  No
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.?.....  Yes  No
3. Do you now hold, or have you ever held a motor vehicle salesperson license in another jurisdiction?.....  Yes  No  
If "Yes", what state(s)? \_\_\_\_\_
4. Have you ever held a license in Hawaii? License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  Yes  No
5. Has any license ever been suspended, revoked or otherwise subject to disciplinary action?.....  Yes  No
6. Are there any disciplinary actions pending against you?.....  Yes  No
7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?.....  Yes  No

**\*\*\* SIGNATURE REQUIRED ON PAGE 2 \*\*\***

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION III. MOTOR VEHICLE SALES TRANSACTION EXPERIENCE**

List employment or experience that qualifies you as having specialized knowledge and expertise in motor vehicle transactions (i.e. former motor vehicle salesperson, dealer, others?...). If more space is needed, attach a separate sheet, 8 1/2" x 11".

Dates (mo/yr)		Hours per week	Description of Duties and Position Title	Name, Address and Phone No. of Employer
From	To			

**AFFIDAVIT OF APPLICANT:**

I certify that the statements, answers, and representations made on this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of this registration and is a misdemeanor (Section 710-1017, Section 436B-19, and 437-28 Hawaii Revised Statutes). I further certify that I have read, understand, and agree to comply with the laws and rules of the Motor Vehicle Industry Licensing Board.

I further certify that I shall not engage in the business or negotiate for the sale of motor vehicles on behalf of any motor vehicle dealer nor shall I represent any motor vehicle dealer. I understand that a consumer consultant shall not accept any compensation, including finder's fees, from ANY motor vehicle dealer or motor vehicle salesperson.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I hereby 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:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date