

INFORMATION & INSTRUCTIONS FOR FILING - TRAVEL AGENCY REGISTRATION

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

Each travel agency must be registered before engaging in the business of selling or advertising to sell travel services.

"Travel agency" means any sole proprietorship, organization, trust, group, association, partnership, corporation, society, or combination of such, which for compensation or other consideration, acts or attempts to act as an intermediary between a person seeking to purchase travel services and any person seeking to sell travel services.

"Travel services" includes transportation by air, sea, or rail; related ground transportation; hotel accommodations; or package tours whether offered on a wholesale or retail basis. This does not apply to any hotel as defined under section 486K-1, HRS or air carrier as defined by the Federal Aviation Act of 1958 (49 USCS Appx. chapter 1301) as amended, for travel services for which the hotel or air carrier does not accept:

1. Consumer moneys for services other than their own; or
2. Commissions or any other form for consideration.

If you engage in the business of selling, contracting for, arranging, or advertising that it can or will arrange, activities which are furnished by an activity provider, you will require a separate Activity Desk registration.

APPLICATION FORM Complete the form by using the on-line fillable application or by printing **legibly** in black ink. Answer all questions and sign the application form.

SOCIAL SECURITY NUMBER Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **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 licensed 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 appropriate fees. Make check payable to: **COMMERCE & CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

Travel Agency applying for registration in an even-numbered year, pay \$215
(Application - \$20* + Registration - \$76 + 2nd year of two-year registration period - \$19 + Compliance Resolution Fund - \$100)

Travel Agency applying for registration in an odd-numbered year, pay \$146
(Application - \$20* + Registration - \$76 + Compliance Resolution Fund - \$50)

All registrations are subject to renewal on or before December 31 of each ODD-NUMBERED year.

*Application fee is not refundable.

FEES (cont.)

NOTE: One of the numerous legal requirements that you must meet in order for your new registration to be issued is the payment of fees as set forth in this application. You may be sent a registration 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 registration fee and your registration will not be valid, and you **may not** do business under that registration. 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 registration 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 registration has been denied.

ENTITY REGISTRATION: Corporation/ Partnership, LLC or LLP

If the applicant for a travel agency is a corporation, partnership, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810. Please write to them for the proper forms, call (808) 586-2727, or visit their website at: cca.hawaii.gov/breg to order Certificate of Good Standing, forms, et.

- If the entity has been registered in this State for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.
- If the entity has been registered in this State for MORE THAN ONE (1) YEAR, **ATTACH** a current "Certificate of Good Standing".

TRADE NAME

If applicant will be using a trade name, **attach** a current "filed-stamped" copy of the "Application for Registration of Trade Name" approved and issued by the Business Registration Division. If application is submitted without the trade name registration, registration will be issued without the trade name.

BRANCH OFFICE

All travel agency branch offices must be registered prior to their engaging in any travel agency services.

- If a branch office deposits consumer funds in the same client trust account as the principal office, then the branch office does not have to obtain its own travel agency registration. However, the branch office location must be reported by submitting a letter indicating the name, address, license number and state that the branch office deposits consumer funds in the same client trust account as the principal office.
- If the branch office does not deposit consumer funds into the same client trust account as the principal office then the branch office will have to obtain its own travel agency registration, by submitting a completed Travel Agency application, fee and supporting documents.

CLIENT TRUST ACCOUNT

All travel agencies are required to submit evidence of the establishment of a client trust account (which may be either a checking or savings account) with a federally insured financial institution located in Hawaii. This evidence may take the form of:

An **original** letter from the financial institution with the following information:

- Name and address of the financial institution;
- Name on the account (must be identical to the name on the travel agency registration application);
- "Client Trust Account" designation;

**CLIENT TRUST
ACCOUNT (cont.)**

- When the account was established; and
- Account number.

OR

A copy of a blank, void check, which bears the name and address of the financial institution, the name of the travel agency, the account number, **and identifies the account as a client trust account.** **(MUST BE BANK IMPRINTED)**

A REGISTRATION WILL NOT BE ISSUED AND WILL BE WITHHELD OR RETURNED IF AN APPLICANT FAILS TO PROVIDE THE INFORMATION IN SUCH FORM AND SUBSTANCE.

NOTE: If you have both a Travel Agency registration and an Activity Desk registration, you must establish and maintain a **SEPARATE** Client Trust Account for each registration.

**SUBMITTING
REGISTRATION**

Mail all required items to:

Travel Agency Program
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

**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.

**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 the reapplication.

**BIENNIAL
RENEWAL**

All registrations, regardless of issuance date, **expire on December 31 of each ODD-NUMBERED year** and are subject to renewal on or before the expiration date. Renewal applications and the notarized statement form are mailed to current registrations about 6 weeks prior to the expiration date. To ensure receipt of the renewal application, keep our office informed of your address.

LAWS AND RULES

To obtain a copy of the laws, Chapter 468L, HRS, and rules, Chapter 116, HAR, send a written request to the address above. 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 available on our website at: **cca.hawaii.gov/pvl**. Click on "Travel Agency".

APPLICATION FOR REGISTRATION - TRAVEL AGENCY

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

Read the "Information & Instructions" before completing this form.

Name of Applicant (<u>Sole owner</u> : First-Middle-Last; or give name of corporation, partnership, LLC or LLP):	FOR OFFICE USE ONLY
Trade Name, if any: (Attach trade name registration)	
Business Location (Include suite no., city, state & zip code):	
Mailing Address, ONLY if different from business location:	
Client Trust Account established at: Financial Institution: _____ Account No.: _____	
Check evidence of Client Trust Account you are submitting: <input type="checkbox"/> Original bank letter <input type="checkbox"/> Copy of check	

Approved: <input type="checkbox"/>	Initials/date:
Date Registered:	Reg. No. TAR -
Check one box only: <input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office	
Check Type of business entity: <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLP <input type="checkbox"/> PARTNERSHIP	
Social Security No. (Sole Owner)	
Business Phone No. (Days)	

The following questions pertain to the applicant and any persons, officers, directors, managements, partners, etc., responsible for the travel agency. Check answers. Give details when required and attach documentation.

- 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 United States? Yes No
- 3) Have you ever used any other name(s)? Yes No
If so, what name(s)? _____
- 4) Have you ever held a Travel Agency registration? Yes No
(Type/Lic. No.: _____ Status: _____ State: _____)
- 5) Have you ever held any other license/registration? Yes No
(Type/Lic. No.: _____ Status: _____ State: _____)
- 6) Have you ever had any license/registration suspended, revoked, or otherwise subject to disciplinary action? Yes No
- 7) Have you ever been employed by any business whose license/registration was suspended, revoked or otherwise subject to investigation? Yes No
- 8) Have you ever had or are there any pending lawsuits, judgments, tax liens, or any other liens against you? Yes No
- 9) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No
If yes, attach court documentation on the date, place, violation of each conviction and fulfillment of conditions.
(If response is "yes" to questions 6, 7, 8, or 9, provide details on separate sheet and submit pertinent documents.)

(CONTINUED ON PAGE 2)

Appl.....	640.....	\$20
Reg.....	640.....	\$76
CRF.....	647.....	\$50/\$100
1/2 Renewal.....	643.....	\$19
Service Charge.....	BCF.....	\$25

Print Name of Applicant: _____

Date: _____

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents submitted are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of my registration and is a misdemeanor (Section 710-1017, Sections 436B-19 and 468L-2.6, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws pertaining to the Travel Agency program.

Signature of Applicant

Date

Title

IF APPLICATION IS FOR A CORPORATION, PARTNERSHIP, LLC OR LLP, THIS SECTION MUST BE COMPLETED

OFFICERS OF CORPORATION, PARTNERS, MANAGERS OR MEMBERS	NAME (First-Middle-Last)	ADDRESS (Include zip code)
	President, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
Vice-President, Partner, Manager or Member	<u>Present Residence</u> Address	
	Social Security No.	<u>Present Business</u> Address
Secretary, Partner, Manager or Member	<u>Present Residence</u> Address	
	Social Security No.	<u>Present Business</u> Address
Treasurer, Partner, Manager or Member	<u>Present Residence</u> Address	
	Social Security No.	<u>Present Business</u> Address

Release of Information to Third Party:

To assist me in the licensing process, I 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