

INSTRUCTIONS AND REQUIREMENTS - ELEVATOR MECHANIC

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

AGE REQUIREMENT

Applicants must be at least 18 years of age.

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 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).

APPLICATION

Complete the on-line fillable application form or print **legibly** in black ink. Complete all sections and questions. Incomplete applications will not be accepted. Applicants are subject to requirements in effect at time of filing.

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

FEES

Attach the application fee of \$40, which is nonrefundable. Make checks payable to: "COMMERCE & CONSUMER AFFAIRS". (check must be in U.S. dollars and be from a U.S. financial institution.)

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.

EXPERIENCE VERIFICATION

Attach completed "Experience Verification" form(s) signed by a licensed elevator mechanic(s) evidencing satisfactory completion of at least **four (4)** years of training under their supervision. If an applicant worked for more than one elevator company during the minimum four (4) years of training, the applicant shall provide an "Experience Verification" form for the training obtained at each elevator company and the forms shall be signed by a licensed elevator mechanic who **supervised** the applicant at each elevator company. Additional forms, if required, may be duplicated.

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EXAMINATION

Pass the Board's licensing examination which is developed and administered by Prometric.

- a. Upon approval of the application by the Board, the applicant will be sent a Candidate Information Bulletin (provides general information about the exam) and an Examination Registration form which must be completed and mailed directly to Prometric with a copy of your approval letter and the appropriate fee by Prometric's registration filing deadline which is usually two weeks prior to the examination date.
- b. Examinations are scheduled quarterly on Oahu, Maui, Kauai, and Hawaii (Hilo and Kona).
- c. Applicants may be tested on a date other than the quarterly scheduled examination by requesting a "walk-in appointment" which is available for a fee and only on Oahu. All arrangements must be made directly with Prometric.

EXAMINATION RESULTS

Approximately two weeks after the examination, successful candidates receive a "Pass Report" along with a "License Fee Notice" to be paid to the Department of Commerce and Consumer Affairs. The unsuccessful candidates receive a "Fail Report" that includes re-examination information.

Upon notification of passing the examination, license fees due will be as follows:

If license is issued between July 1, even-numbered year, and June 30, odd-numbered year, pay \$240
(License fee - \$70 + Compliance Resolution Fund - \$100 + second year of biennial license - \$70)

If license is issued between July 1, odd-numbered year and June 30, even-numbered year, pay \$120
(License fee - \$70 + Compliance Resolution Fund - \$50)

GENERAL INFORMATION

- 1. Should there be any changes in the information provided, the law, rules and requirements effective at the time of your application is filed shall apply.
- 2. All licenses expire on **June 30 of each even-numbered year** and are subject to renewal by the license expiration date. Renewal applications are sent approximately 60 days prior to June 30 of each even-numbered year. Licensees are advised to keep the Board informed of any change in their mailing address.

- 3. Mail all correspondence to: Deliver to office location at:

Elevator Mechanics Licensing Board
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

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

Instructions for "YES" Answers to Questions (5) through (7) of the Application for License (EM-01)

- A. The following documentation must be submitted with the license application. Applications for license 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. If your answer is "YES" to one or more of these questions, read paragraph "B" below, **AND** you must **submit** the following:
 - i. A statement signed by you explaining the 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; and
 - iii. A resume of any employment, business activities, and education since the date of the action.

2. If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the 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; and
 - ii. A copy of the court order, verdict, and terms of 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; and
 - iv. At least one letter of recommendation from a member of the community (no relative) who can objectively attest in writing to a firm belief that you have been sufficiently rehabilitated to warrant the public's trust; and
 - v. If applicable, a letter of recommendation from your current employer regarding your reliability and trustworthiness to work as an elevator mechanic; and
 - vi. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Room 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at: ag.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.

NOTE: 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.

- B. If you answered "YES" to questions (5) through (7), your application will be reviewed at an Elevator Mechanic Board meeting **if you have provided all applicable information and documents as 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.

LAWS AND RULES

Copies of the Board's laws, Chapter 448H, Hawaii Revised Statutes and rules, Chapter 81, Hawaii Administrative Rules are available by submitting 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 "Elevator Mechanic". Then on "Statute/Rule Chapter".

**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.

APPLICATION FOR EXAM & LICENSE - ELEVATOR MECHANIC

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

Legal Name (First, Middle):	(Last):
Other Names Used (include maiden name):	
Residence Address (include apt. no., city, state & zip code):	
Mailing Address (ONLY if different from residence):	
Social Security No.:	Phone No. (days):

<input type="checkbox"/> APPROVED	Initials/Date
Date Licensed	License No. EVM -
FOR OFFICE USE ONLY	

Check answers. If response is "YES" to questions 5 to 7, refer to the 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 United States? YES NO
3. Are you registered as an apprentice elevator mechanic in Hawaii? YES NO
If "YES", Permit No.: _____
4. Have you ever held an elevator mechanics license in any state of the United States? YES NO
State Licensed: _____ Date Licensed: _____ Exp. Date: _____
5. Have any license ever been revoked, suspended, or made probationary or conditional or otherwise subject to disciplinary action? YES NO
6. Are you presently being investigated or is any disciplinary action pending against you which is directly related to the practice of an elevator mechanic? YES NO
7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

(CONTINUED ON PAGE 2)

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.

Appl	202	\$40
Lic	205	\$70
CRF	206	\$50/\$100
1/2 Ren	200	\$70
Service Charge ..	BCF	\$25

Print Name of Applicant: _____

Date: _____

EMPLOYMENT HISTORY: <i>During the past 5 years, most recent or current first.</i>	Describe your training as an elevator mechanic: <ul style="list-style-type: none"> • Failure to provide the requested information will result in this form being returned to you for completion. 					
	Name and Address of Employer	Position Title	Avg. Hrs. a Week	Dates (mo/yr)		Length of Service
				From	To	

Affidavit of applicant:

I hereby certify that the statements, answers, and representations made in this application and the accompanying documents are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Sec. 710-1017, Section 436B-19, Hawaii Revised Statutes and Section 16-81-29, Hawaii Administrative Rules). I further certify that I have read, understand, and agree to comply with the laws and rules for elevator mechanics.

Signature of Applicant

Date

Print Name of Applicant

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: _____

Signature of Applicant

Date

EXPERIENCE VERIFICATION - ELEVATOR MECHANIC

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

Instructions:

1. This form is to be completed by your supervising elevator mechanic.
2. Use typewriter if available or print **legibly** in dark ink.
3. Attach the completed form to your application and:

Mail to the Board's office:

Elevator Mechanics 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

- **Failure to provide the requested information will result in this form being returned to you for completion.**

Legal Name of Applicant: (First-Middle-Last)	Dates of Training (Month/Year) <u>From</u> <u>To</u>	Total length of Training <u>Years</u> <u>months</u>
DESCRIBE IN DETAIL the type of elevator mechanic work performed by the applicant in specific areas:		Hours a week in specific area
Employer's Name:	Employer's Address:	

Certification of person completing this form:

I certify that: (1) I personally know the applicant; (2) the applicant and I worked for the Employer specified above during the "Dates of Training" specified above; (3) the applicant performed the elevator mechanic work described above during the period of time; (4) I was a licensed elevator mechanic and supervised the applicant during this period of time; and (5) all other statements and answers given here are true and correct.

Signature of Supervising Elevator Mechanic

Date

Print Name of Supervising Elevator Mechanic

EVM Lic #

Title