

## REACTIVATION APPLICATION FOR GUARD EMPLOYEE

Legal Name: (First, Middle, Last)		FOR OFFICE USE ONLY	Initials/Date:	
Residence or Business Address: (Include Apt. No., City, State & Zip Code)				
Mailing Address: (ONLY if different from above)				
Phone No.: (Days)	Social Security No. :			
License No.:	Inactive Since:			

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

1. Complete on-line fillable application OR print LEGIBLY. Answer ALL questions and sign application. Incomplete applications will not be accepted. Name changed? Attach a copy of your name change document.
2. Applicants on inactive status for more than six months are required to submit to a FBI fingerprint check through the Hawaii Criminal Justice Data Center ("HCJDC").

To obtain a FBI national Criminal History Record check and the State of Hawaii Criminal History Record check, applicants shall be fingerprinted electronically at **Fieldprint Inc.** locations nationwide or any other fingerprinting agency approved to send electronic fingerprints to the HCJDC.

Please visit Fieldprint Inc. at: <http://fieldprinthawaii.com> to make an appointment, inquire about other available site locations on the Continental United States, or call (877) 614-4361.

Fees for the FBI and the State of Hawaii Criminal History Record checks shall be paid directly to Fieldprint and will be electronically sent to the HCJDC.

**NOTE:** Fingerprinting cards are no longer available from the Board's office.

**NOTE: A reactivation application must be filed within 30 days of the fingerprinting to ensure that the results are obtainable from the HCJDC. If the results are not obtainable, you will be required to obtain new fingerprints.**

*Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.*

3. Make check payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

**Note:** A \$25 service charge shall be assessed for payments that are dishonored for any reason. Returned payments are considered NON-RECEIPT of your fee and application, and the inactive effective date is voided.

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| 4. Mail all items to:<br>PVL Licensing Branch<br>Commerce & Consumer Affairs<br>P.O. Box 3469<br>Honolulu, HI 96801 | OR | Deliver to office location at:<br>335 Merchant Street, Room 301<br>Honolulu, HI 96813<br>Phone No.: (808) 586-3000 |
|---|----|--|

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Ren .....	540 .....	\$36
CRF .....	548 .....	\$35
REAC .....	RCT .....	\$12
Service Charge.....	BCF .....	\$25

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

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

Check answers and give details when required:

1. Since the date that your Hawaii license, certificate or registration was placed on inactive status, has any license, certificate or registration been suspended, revoked, or otherwise subject to disciplinary action in this state or any state? .....  Yes  No

2. Are there any disciplinary actions pending against you? .....  Yes  No

**If response is "YES" to questions 1 or 2 regarding complaints charges of unlicensed activity or pending disciplinary actions for any profession, occupation or licenses, submit: (1) a detailed statement signed by you explaining the underlying circumstances and (2) copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents.**

3. Since the date that your Hawaii license, certificate or registration was placed on inactive status, have you been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No

**If response is "YES" to question 3 indicating a criminal conviction, submit: (1) 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, (2) a copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence) if applicable, proof of payment of fines, and (3) 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).**

4. Since the date that your Hawaii license, certificate or registration was placed on inactive status, have you received treatment for any psychiatric or psychological disorder or has any such treatment been recommended? .....  Yes  No

**If response is "YES" to question 4 indicating you are presently suffering from a psychiatric or psychological disorder, submit:**

- **An explanation of the underlying facts and circumstances surrounding your psychiatric/psychological disorder and treatment.**
- **Letters from your treating licensed health care practitioner (e.g. psychologist, psychiatrist, psychiatric mental health nurse practitioner, adult psychiatric and mental health clinical nurse specialist) regarding the diagnosis, status of your psychiatric or psychological disorder, and assessment of your ability to work in the registered/ licensed profession (principal guard, guard employee, principal detective).**
- **Letters of recommendation from your current employer regarding your reliability, trustworthiness and ability to work as a guard employee.**

**CERTIFICATION BY APPLICANT:**

I hereby certify that the statements, answers and representations made in this application and the attachments thereto are true and correct. I understand that any misrepresentation is grounds for refusal to register, and is a misdemeanor (*see, HRS sections 710-1017, 436B-19, and 463-4*). I further certify that I have read and agree to comply with all laws and rules that apply to guards and individuals who act in a guard capacity.

I, the undersigned, consent to be fingerprinted and to the retention of my fingerprints by the Hawaii Criminal Justice Data Center and FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. I also consent to the release of information to Department of Commerce and Consumer Affairs ("DCCA"), Board of Private Detective and Guards regarding criminal history information contained in my record for the purpose of determining my qualifications to be licensed, registered or employed as a principal detective, principal guard, detective or guard agency or guard employee. I understand that DCCA, Board of Private Detective and Guards may use information authorized by this release only for the purpose for which it is obtained.

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

\_\_\_\_\_  
Date

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

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

**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:

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

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

Address of Organization: \_\_\_\_\_

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

\_\_\_\_\_  
Date