

LICENSE VERIFICATION - ELECTRICIANS AND PLUMBERS

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

NOTE: If you do not hold an out-of-state license, disregard this form.
If you hold or have held a license in any other state or jurisdictions,
have the licensing authority complete this form.

State of Hawaii
Dept. of Commerce and Consumer Affairs
Board of Electricians and Plumbers
P.O. Box 3469
Honolulu, HI 96801

APPLICANT	Name (First, Middle)	(Last)	Social Security Number
	Address (Include Apt. No., City, State and Zip Code)		License No.
			Date Issued
	I hereby authorize the licensing agency of _____ to furnish the information below for use by the State of Hawaii Board of Electricians and Plumbers.		
SIGNATURE OF APPLICANT		DATE	

TO BE COMPLETED BY LICENSING AGENCY AND RETURNED TO APPLICANT.	
LICENSING AGENCY	License No.: _____ Type of License: _____
	Effective Date: _____ Expiration Date: _____
	Type of Experience: <input type="checkbox"/> Apprenticeship <input type="checkbox"/> On-the-Job Training
	Please indicate the amount of experience and/or training (years and hours) required by your agency for the applicant to qualify for licensure.
	Years: _____ <input type="checkbox"/> Other (including, but not limited to educational requirements - please explain): _____
	Hours: _____
	Licensure by: <input type="checkbox"/> Examination <input type="checkbox"/> Other (please explain): _____ <input type="checkbox"/> Reciprocity _____
Has the license been encumbered in any way (revoked, suspended, or currently pending disciplinary action)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes", please send a copy of your board's): 1. Administrative Action 2. Final Order	
Signature: _____	AGENCY SEAL
Print Name: _____	
Title: _____	
License Agency: _____	
Date: _____	

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.