

## REQUIREMENTS FOR REACTIVATION/STATUS CHANGE BOND WAIVER/CONVERSION - CONTRACTORS

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

Mail required documents to:

Contractors License Board  
DCCA, PVL Licensing Division  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:

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

Toll free voice access numbers for the neighbor islands:

Molokai & Lanai: 1-800-468-4644 ext. 6-3000  
Hawaii: 974-4000 ext. 6-3000  
Maui: 984-2400 ext. 6-3000  
Kauai: 274-3141 ext. 6-3000

### 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.

### NO APPLICATION/FEEES REQUIRED FOR THE FOLLOWING:

#### CHANGING FROM "CONDITIONAL" STATUS TO "UNCONDITIONAL" STATUS

**Submit** a letter requesting that your license be placed on "Unconditional" status. Letter must include mailing address and license number. Requires Board approval.

NOTE: *Additional documentation may be required for conversion to unconditional status.* REQUIRES BOARD APPROVAL.

#### ENTITY WITH CURRENT LICENSE APPOINTING A NEW RME OR ADDITIONAL RME WITH CURRENT LICENSE

Confirmation of the change in status is required.

1. **Submit** letter from entity stating name of new or additional RME.
2. **Submit** letter from RME stating change from one entity to another.
3. If applicable, a signed "*Principal RME Designation*" form. Forms may be found at: [http://cca.hawaii.gov/pvl/boards/contractor/application\\_publications/](http://cca.hawaii.gov/pvl/boards/contractor/application_publications/). Click on "**Principal RME Designation**" under Contractor - RME. (also available at Board's office).

Please note:

1. If an entity is not licensed in Hawaii, a new application must be filed.
2. If the RME is not licensed in Hawaii, a new application must be filed.
3. If both the entity and RME do not hold the same classifications, then an "*Application for Additional Classification*" must be filed by the entity and/or the RME.
4. If a sole proprietor forms a contracting entity (Corporation, Partnership, JV, LLC, LLP), the entity must apply for a new license. The sole proprietor's status will change to Responsible Managing Employee, and thereafter two licenses (entity & RME) must be maintained. To remain a sole proprietor while serving as an RME for an entity, file the required documentation under "RME for more than one contracting entity".

#### JOINT VENTURE ("JV")

IF all partners in a JV are licensed contracting entities, submit the following:

1. A letter stating that a JV was formed and identify the partners;
2. Documents showing that the JV is properly registered with the Business Registration Division ("BREG"). Business Registration Division, Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810. (*Please call them for the proper forms at (808) 586-2727*) or visit their website at: [cca.hawaii.gov/breg](http://cca.hawaii.gov/breg) to order *Certificates of Good Standing*, forms, etc.
  - 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*" issued not more than 1 year ago.
  - IF any partner in a JV is not a licensed contracting entity, a new contracting entity application must be filed. All unlicensed partners in a JV must submit current financial statements, credit reports and tax clearance. Board approval is required.
3. A signed "Principal RME Designation" form located at: [http://cca.hawaii.gov/pvl/boards/contractor/application\\_publications/](http://cca.hawaii.gov/pvl/boards/contractor/application_publications/). Click on "**Principal RME Designation**" under Contractor - RME. REQUIRES BOARD APPROVAL.

(CONTINUED ON PAGE 2)

**RME CHANGING  
ENTITY AFFILIATION  
OR PRESENTLY A  
SOLE PROPRIETOR  
GOING TO BE AN RME**

Refer to same requirements as ENTITY appointing a new RME.

**RME FOR MORE  
THAN ONE  
CONTRACTING  
ENTITY  
("DUAL STATUS")**

To be a RME for more than one entity, or to remain a sole proprietor while also serving as a RME for an entity:

1. Submit a letter stating the entities for which you will be the RME.
  2. Submit documentation verifying one of the following requirements:
    - a) Common ownership if at least fifty-one percent of each contracting entity (Documentation of ownership includes, but is not limited to, tax returns (Schedule C or Form 1065 for LLCs, Schedule K-1 or Form 1125E for Corporations); Stock Certificates, Business Registration documents (for single member LLC's only); or Operating agreement.)
    - b) A contracting entity is a subsidiary or joint venture with the other contracting entity;
    - c) Direct immediate family relationship between the RME and the officers, directors, members, managers or partners of the other contracting entity; or
    - d) Direct immediate family relationship between the officers, directors, members, managers and partners of all contracting entities for which the individual acts as the RME.
- REQUIRES BOARD APPROVAL.

**APPLICATION/FEEES ARE REQUIRED FOR THE FOLLOWING:**

**ATTACH** the appropriate amount and make check payable to: "COMMERCE & CONSUMER AFFAIRS". (Check must be in U.S. dollars and be from a U.S. financial institution.)

**CHANGING FROM  
"ACTIVE" STATUS TO  
"INACTIVE" STATUS**

1. \$12 fee and complete "Inactivation" application (LB-51) at:  
[cca.hawaii.gov/pvl/boards/contractor/application\\_publications/](http://cca.hawaii.gov/pvl/boards/contractor/application_publications/) OR  
Contact the Board's office for application.  
NOTE: Entity's insurance status must be **current** to place license on "inactive".

**CONVERSION TO  
ANOTHER ENTITY**

1. \$25 fee and complete application (CT-15).
2. A "file-stamped" copy of the Articles of Organization for the new entity filed with the Business Registration Division of the Department of Commerce and Consumer Affairs (BREG). Contact them at (808) 586-2727.
3. Copy of Certificate of Conversion issued by BREG.
4. Rider or new Certificate of Liability and Workers' Compensation Insurance.
5. If bond is required - Rider or new bond to reflect new name.

**PRESENTLY ACTIVE  
AND REACTIVATING  
C-19 ASBESTOS CLASS  
(RME & SOLE  
PROPRIETOR ONLY)**

1. \$50 fee and complete application (CT-15).
2. **Submit** proof of completing a current EPA-approved asbestos 8-hour refresher training course.

(CONTINUED ON PAGE 3)

***THE FOLLOWING ACTIONS REQUIRE BOARD APPROVAL and must be received in the Board's Honolulu office on or before the first Tuesday of the month prior to the scheduled meeting date. The Board is scheduled to meet once a month, except for the month of December. Make checks payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)***

**CREDIT REPORT**

**Current** credit reports (from a credit reporting agency) must be **issued not more than 6 months ago** and cover at least the previous 5 years. If a partner or member is a business entity, submit credit reports on the entity's officers or the business entity's credit report (e.g. Comprehensive Dun & Bradstreet report).

The credit report must be a complete credit report covering at least the past five years. A complete credit report must contain detailed account information on each of your current and past debts, the status of those debts, whether you are current or delinquent in paying any of those debts, and the existence or not of any public records. A credit report that only provides a summary or a credit score is not a complete credit report. For more information on credit reports, please go to the Federal Trade Commission's website at: <https://www.consumer.ftc.gov/articles/0155-free-credit-reports> or go to: [www.ftc.gov](http://www.ftc.gov) and enter "credit report" in the search box.

**PRESENTLY INACTIVE AND WILL BE REACTIVATING AS RME**

1. \$50 fee and complete application (CT-15).
2. Letter from entity stating that he/she will be their RME. (If the entity is not licensed in Hawaii, a new application must be filed along with this application.)
3. **Current and complete Credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date. (If RME inactive for less than 60 day period, no credit report is required.)
4. If you hold a C-19 Asbestos classification, submit proof of current EPA asbestos refresher training course.

**PRESENTLY A RME AND CHANGING TO SOLE PROPRIETOR**

1. \$50 fee and complete application (CT-15).
2. Letter from RME verifying dissociation from contracting entity.
3. **Submit a current (not more than a year old) COMPILED, REVIEWED, OR AUDITED** financial statement accompanied by an independent accountant's report. The accountant must be a licensed or certified public accountant holding a current permit to practice. If the accountant is licensed in another state, **provide a copy of the license.**  
For COMPILED and REVIEWED financial statements: Applicant is required to sign the Board's Financial Statement Form whether or not your CPA uses the Board's Financial Statement Form.
4. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
5. **Current and complete credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of application date.

**PRESENTLY INACTIVE AND WILL BE REACTIVATING AS SOLE PROPRIETOR**

1. \$50 fee and complete application (CT-15).
2. **Submit a current (not more than a year old) COMPILED, REVIEWED, OR AUDITED** financial statement accompanied by an independent accountant's report. The accountant must be a licensed or certified public accountant holding a current permit to practice. If the accountant is licensed in another state, **provide a copy of the license.**  
For COMPILED and REVIEWED financial statements: Applicant is required to sign the Board's Financial Statement Form whether or not your CPA uses the Board's Financial Statement Form.
3. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
4. **Current and complete credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. If you hold a C-19 Asbestos classification, **submit** proof of current EPA-approved asbestos 8 hour refresher training course.

(CONTINUED ON PAGE 4)

**PRESENTLY INACTIVE CORPORATION, PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP AND WILL BE REACTIVATING**

1. \$50 fee and complete application (CT-15).
2. **Submit a current (not more than a year old)** COMPILED, REVIEWED, OR AUDITED financial statement accompanied by an independent accountant's report. The accountant must be a licensed or certified public accountant holding a current permit to practice. If the accountant is licensed in another state, **provide a copy of the license.**  
For COMPILED and REVIEWED financial statements: Applicant is required to sign the Board's Financial Statement Form whether or not your CPA uses the Board's Financial Statement Form.
3. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
4. **Current and complete credit report** of officers/partners/managers/members and RME covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. Letter from RME stating status change. (If not licensed in Hawaii, a new application must be filed along with this application.)
6. Certificate of Good Standing for business entity which can be obtained from the Department of Commerce and Consumer Affairs, Business Registration Division (phone: (808) 586-2727).

**PRESENTLY ACTIVE SPECIALTY AND REACTIVATING "A" GENERAL ENGINEERING OR "B" GENERAL BUILDING CLASS(ES) (ENTITIES & SOLE PROPRIETOR ONLY)**

1. \$50 fee and complete application (CT-15).
2. **Submit a current (not more than a year old)** COMPILED, REVIEWED, OR AUDITED financial statement accompanied by an independent accountant's report. The accountant must be a licensed or certified public accountant holding a current permit to practice. If the accountant is licensed in another state, **provide a copy of the license.**  
For COMPILED and REVIEWED financial statements: Applicant is required to sign the Board's Financial Statement Form whether or not your CPA uses the Board's Financial Statement Form.

**BOND WAIVER**

**All licensees are required to maintain any surety bond imposed by the Board for at least one year before requesting a waiver of the surety bond.**

1. \$25 fee and complete application (CT-15).
2. **Submit a current (not more than a year old)** COMPILED, REVIEWED, OR AUDITED financial statement accompanied by an independent accountant's report. The accountant must be a licensed or certified public accountant holding a current permit to practice. If the accountant is licensed in another state, **provide a copy of the license.**  
For COMPILED and REVIEWED financial statements: Applicant is required to sign the Board's Financial Statement Form whether or not your CPA uses the Board's Financial Statement Form.

**NOTE: Upon approval by the Board, the following may be due:**

- Evidence of liability-property damage insurance
- Evidence of workers' compensation insurance
- Applicable fees
- Business address
- Trade name registration
- A signed "*Principal RME Designation*" form (available at Board's office) and, if applicable other items that may be required by the Board.

**ATTENTION: CONTRACTORS APPLYING FOR ELECTRICAL OR PLUMBING RELATED CLASSIFICATIONS**

Please be advised that in order to perform **electrical or plumbing** work in Hawaii, **an individual must also obtain an electrician (i.e., ES or EJ) or plumber (PM or PJ) license.** 1) **IF you are a sole proprietor and are not licensed as an electrician or plumber in accordance with HRS 448E, you must employ a licensed electrician or plumber to actually perform the electrical or plumbing work.** 2) **IF you are a contracting entity and your RME is not licensed as an electrician or plumber in accordance with Chapter 448E, you must employ a licensed electrician or plumber to actually perform the electrical or plumbing work.** (Refer to Hawaii Revised Statutes Section 444-9.5 and Chapter 448E). **YOU MAY NEED THIS TYPE OF LICENSE TO GET A BUILDING PERMIT.**

**APPLICATION FOR REACTIVATION, STATUS CHANGE,  
BOND WAIVER, CONVERSION - CONTRACTOR**

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

|   |                   |
|---|-------------------|
| Name of Applicant (Sole Proprietor/RME: First, Middle, Last; or give name of entity): |                   |
| Trade Name (if any):  |                   |
| Hawaii Business/Residence address (include apt. no., city, state & zip code):         |                   |
| Mailing address (if different from above):  |                   |
| Social Security No.:  | Phone No. (days): |
| Classification(s) Held:   |                   |

|  |           |
|--|-----------|
| License No.<br>CT -  | Eff. Date |
| CLASS(ES):   |           |
| <input type="checkbox"/> RME/Entity Appointment <input type="checkbox"/> Tax Clearance<br><input type="checkbox"/> Financial Statement <input type="checkbox"/> BREGS<br><input type="checkbox"/> Credit Report (Sole/RME) <input type="checkbox"/> Bond Rider |           |
| FOR BOARD USE ONLY   |           |
| License No. Held:  |           |
| Classification(s) Reactivating:  |           |

Application for: (check one)

**REACTIVATION CLASS**       **REACTIVATION LICENSE**       **CHANGE STATUS**  
 **BOND WAIVER**                   **CONVERSION**                       **"DUAL STATUS"**

|  |   |
|--|---|
| <b>If applicant is corporation, partnership, JV, LLC, or LLP, provide:</b><br><br>Name of RME:<br><br>License No.: | <b>If applicant is Responsible Managing Employee (RME), provide:</b><br><br>Name of employing firm:<br><br>License No.: |
|--|---|

CONVERTING OR CHANGING LICENSE STATUS TO: (check only one)

Sole Proprietor                       Limited Liability Company (LLC)  
 Corporation                               Limited Liability Partnership (LLP)  
 Partnership                                   Responsible Managing Employee (RME)

**IF APPLYING FOR "DUAL STATUS" PROVIDE:**

**NAMES OF LICENSED CONTRACTING ENTITIES:**

License No.:

(CONTINUED ON PAGE 2)

|                      |            |                  |            |
|----------------------|------------|------------------|------------|
| Appl..... 115.....   | \$ 25/\$50 | RF..... 908..... | \$150/\$10 |
| React..... 111.....  | \$190/\$60 | EF..... 909..... | \$ 10/\$ 5 |
| Service Charge ..... | BCF.....   |                  | \$ 25      |

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

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

Complete only if applicant is **reactivating a license as a corporation, partnership, JV, LLC or LLP**. List name(s) of officers, directors, managers, or members. **(NOTE: Each name(s) listed requires a credit report.)**

| Provide Name and check Title         |                               |                              |                               | Provide Name and check Title    |                               |                              |                               |
|--------------------------------------|-------------------------------|------------------------------|-------------------------------|---------------------------------|-------------------------------|------------------------------|-------------------------------|
| <input type="radio"/> President      | <input type="radio"/> Manager | <input type="radio"/> Member | <input type="radio"/> Partner | <input type="radio"/> Secretary | <input type="radio"/> Manager | <input type="radio"/> Member | <input type="radio"/> Partner |
| Name: _____                          |                               |                              |                               | Name: _____                     |                               |                              |                               |
| <input type="radio"/> Vice-President | <input type="radio"/> Manager | <input type="radio"/> Member | <input type="radio"/> Partner | <input type="radio"/> Treasurer | <input type="radio"/> Manager | <input type="radio"/> Member | <input type="radio"/> Partner |
| Name: _____                          |                               |                              |                               | Name: _____                     |                               |                              |                               |

The undersigned hereby applies for license pursuant to the provisions of Chapter 444, Hawaii Revised Statutes, and vouches for the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements hereto attached.

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 material misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 444-17, Hawaii Revised Statutes.) I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 444 and Hawaii Administrative Rules, Chapter 77.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**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: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# CONTRACTORS FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of \_\_\_\_\_, 20\_\_\_\_ (not more than one year old) is for:

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

(Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP)

**Note: The name listed on this financial statement must be exactly the same name listed on your application under "Name of Applicant".**

## ASSETS:

### CURRENT ASSETS:

Cash (include checking account) ..... \$ \_\_\_\_\_  
Savings Account ..... \_\_\_\_\_  
Time certificates (within 1 year) ... \_\_\_\_\_  
Deposit with bids ..... \_\_\_\_\_  
TOTAL CASH ..... \$ \_\_\_\_\_  
Accounts receivable (completed contracts) ..... \_\_\_\_\_  
Earned estimated & retainage (uncompleted contracts) \_\_\_\_\_  
Other accounts receivable ..... \_\_\_\_\_  
Work in progress (unbilled) ..... \_\_\_\_\_  
Notes receivable ..... \_\_\_\_\_  
Stocks and bonds ..... \_\_\_\_\_  
Life insurance (cash value) ..... \_\_\_\_\_  
Other current assets ..... \_\_\_\_\_  
TOTAL CURRENT ASSETS ..... \$ \_\_\_\_\_

### OTHER ASSETS:

Material in stock (not included in any items above) .... \$ \_\_\_\_\_  
Inventory or other materials ..... \_\_\_\_\_  
Other assets ..... \_\_\_\_\_  
TOTAL OTHER ASSETS ..... \$ \_\_\_\_\_

### FIXED ASSETS:

Equipment at net book value ..... \$ \_\_\_\_\_  
Real estate ..... \_\_\_\_\_  
Furniture and fixtures at net book value ..... \_\_\_\_\_  
Tools ..... \_\_\_\_\_  
Other fixed assets ..... \_\_\_\_\_  
TOTAL FIXED ASSETS ..... \$ \_\_\_\_\_

TOTAL ASSETS ..... \$ \_\_\_\_\_

(SIGNATURE OF APPLICANT REQUIRED ON PAGE 2)

**LIABILITIES:**

**CURRENT LIABILITIES:**

Notes payable (*due within one year*):

To banks regular ..... \$ \_\_\_\_\_

To material men ..... \_\_\_\_\_

To other (*exclusive of Equipment*).... \_\_\_\_\_

TOTAL NOTES PAYABLE..... \$ \_\_\_\_\_

Accounts payable:

Subcontractors..... \$ \_\_\_\_\_

Material men..... \_\_\_\_\_

Others..... \_\_\_\_\_

TOTAL ACCOUNTS PAYABLE..... \$ \_\_\_\_\_

Current maturities (*long-term debt*)..... \$ \_\_\_\_\_

Accrued payrolls..... \_\_\_\_\_

Federal and state income tax..... \_\_\_\_\_

Payroll taxes (*including F.I.C.A. S.U.I. and income taxes withheld*)..... \_\_\_\_\_

Other accrued taxes, interest, etc..... \_\_\_\_\_

Encumbrances on equipment (*due within 1 year*)..... \_\_\_\_\_

Other Current Liabilities (*specify*):

\_\_\_\_\_

\_\_\_\_\_

TOTAL CURRENT LIABILITIES..... \$ \_\_\_\_\_

**LONG-TERM LIABILITIES:**

Long-term debt (*less portion due within one year*).... \$ \_\_\_\_\_

Encumbrances on equipment (*due after 1 year*)..... \_\_\_\_\_

Encumbrances on real estate..... \_\_\_\_\_

Billings in excess of cost on uncompleted contracts.. \_\_\_\_\_

Other long-term liabilities (*specify*):

\_\_\_\_\_

\_\_\_\_\_

TOTAL LONG-TERM LIABILITIES..... \$ \_\_\_\_\_

TOTAL LIABILITIES..... \$ \_\_\_\_\_

Financial Statement as of \_\_\_\_\_, 20\_\_\_\_ (**not more than one year old**) is for:

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

(*Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP*)

**NET WORTH:**

Capital stock (*if corporation, show shares authorized, issued-par value*)..... \$ \_\_\_\_\_

Surplus..... \_\_\_\_\_

TOTAL NET WORTH..... \$ \_\_\_\_\_

TOTAL LIABILITIES AND NET WORTH..... \$ \_\_\_\_\_

**THE STATEMENT BELOW MUST BE SIGNED BY THE APPLICANT, WHETHER CPA USES THIS FORM OR HIS OWN.**

**FINANCIAL STATEMENT MUST BE COMPILED, REVIEWED OR AUDITED AND ACCOMPANIED BY AN INDEPENDENT ACCOUNTANT'S REPORT.**

**For compiled and reviewed financial statements: This statement must be signed, whether CPA uses this form or his own.**

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I certify that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (*Sec. 710-1017, Sections 436B-19, and 444-17, Hawaii Revised Statutes*).

SIGNATURE OF APPLICANT: \_\_\_\_\_

TITLE (*owner, president, etc.*): \_\_\_\_\_

See accompanying independent accountant's report. The undersigned has no interest in the above enterprise.

SIGNATURE OF C.P.A. or P.A.: \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STATE: \_\_\_\_\_

**SHALL BE PREPARED AND SIGNED BY A LICENSED PUBLIC ACCOUNTANT (PA) OR CERTIFIED PUBLIC ACCOUNTANT (CPA) HOLDING A CURRENT PERMIT TO PRACTICE. IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF A CURRENT LICENSE. Note: Financial Statements prepared by bookkeepers and tax preparers are not acceptable.**

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.