

REQUIREMENTS FOR LICENSE - MECHANIC

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

WHO is eligible for a license?

- 1) **Those who took and passed the ASE EXAM and have met the experience requirement.** NOTE: You must apply for a license.
- 2) If you are **already currently licensed** in Hawaii as a mechanic, and took and passed the ASE exam and met the experience requirement, you are eligible to **add** license categories to your license. (Example: A mechanic licensed in Hawaii already holds license categories "(A2) Automatic Transmission" and "(A5) Brakes." The mechanic has recently taken and passed the ASE test for "(A8) Engine Performance." Filing of the application (Form MVR-04) is needed to ADD "(A8) Engine Performance" to the mechanic's license.)

CONTACT ASE:

- 3) VISIT www.ase.com or call 1-877-346-9327 to apply for the ASE exam.

WHEN to apply for a LICENSE:

Apply for a license only **after** you receive your ASE Certificate. You are required to submit a copy of your ASE Certificate with your application.

HOW to apply for a LICENSE:

- 1) **COMPLETE THE APPLICATION FORM. (FORM MVR-04).**

Use the on-line fillable application or print legibly. Provide all requested information, documents and fees.

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

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).

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Instructions for "YES" answers to questions (5) thru (7) of the Application for License (MVR-04)

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, both motor vehicle and those other than motor vehicle. If your answer is "yes" to one or more of these questions, read paragraph "B" below, AND you must **submit** the following:
 - i. A detailed statement **signed by you** explaining the underlying circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of facts and conclusions of law, proof of payment of any fines, and any other relevant documents; and
 - iii. A resume of any employment, business activities, and education since the date of the action.
 - iv. If your driver's license was subject to suspension, revocation, a Traffic Abstract must be submitted. Contact Traffic Court for this.

- 2) If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. 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;
 - ii. A copy of all related court documents (i.e. indictments, judgements, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of fines and/or proof of fulfillment of conditions of each 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 (terms and conditions imposed including any court documentation evidencing completion or discharge);
 - iv. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: www.ecrim.ehawaii.gov to request a "Criminal History Record Check".
 - v. 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), 6), and/or 7), your application will be reviewed at a Motor Vehicle Repair Industry Board meeting **if** you have provided all applicable information and documents as listed 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.

2) ATTACH THE APPROPRIATE FEE:

Will be licensed as a new mechanic in Hawaii from July 1, **odd-numbered** year
to June 30, **even-numbered** year \$228
*(Application - \$10** + License - \$56 + Compliance Resolution
Fund - \$134 + second year of two-year license period - \$28)*

(CONTINUED ON PAGE 3)

- Will be licensed as a new mechanic in Hawaii from July 1, **even-numbered** year to June 30, **odd-numbered** year \$133*
(Application - \$10** + License - \$56 + Compliance Resolution Fund - \$67)
- Hold a current mechanic license and adding a classification..... \$10**
(Note: Mechanics who hold a "forfeited" Hawaii license are required to "reapply" for a license before a test category can be added.)

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

* All licensees, regardless of issuance date, are subject to renewal on or before June 30 of each odd-numbered year. If you are eligible for license near the end of the second year of the two-year license period (within 3 months), you may elect to delay issuance of your license until July 1, odd-numbered year, the date of the new license period **provided you do not engage in mechanic activity until the license is issued.**

** Application fee is not refundable.

*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.

3) ATTACH A COPY OF A CURRENT ASE CERTIFICATE.

ADDING A ASE CLASSIFICATION

If you hold a **current** mechanic's license, you may add additional classifications to your license. NOTE: There is a \$10.00 fee for each application to add one classification OR more classifications. So, if you add 1 classification OR 6 classifications on the same application, pay a flat fee of \$10.00.

4) MAIL THE APPLICATION, FEE AND COPY OF ASE CERTIFICATE TO:

*Motor Vehicle Repair Industry Board
DCCA, PVL Licensing Branch
P. O. Box 3469
Honolulu, HI 96801
cca.hawaii.gov/pvl*

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.

MAINTAINING A LICENSE

**LICENSE
RENEWAL**

All licenses, regardless of issuance date, are subject to renewal by the license expiration date of **June 30, each ODD-NUMBERED year**. Completion of the renewal application, payment of fees, and compliance with the existing renewal requirements is mandatory. A renewal application form and instructions are sent about six weeks before the license expiration date. If you do not receive one, contact the Board's office. Keep the Board informed of your current mailing address.

All ASE certified mechanics must submit a copy of their current ASE certificate(s) at the time of renewal.

If you do not have a current ASE certification - your license will be forfeited and you will be considered unlicensed. If you have at least 1 class renewed - your license will be renewed with that 1 class and all other classes will be placed on "inactive" status. When you pass your ASE exam, you must submit a letter requesting re-activation of class(es), a copy of the current ASE certificate and \$10 for the re-issuance of your pocket card.

**LAWS AND
RULES**

Keep informed of the laws and rules governing your vocation. A copy of the Board's laws, Chapter 437B, Hawaii Revised Statutes, and rules, Chapter 87, Hawaii Administrative Rules, may be obtained by submitting a written request to: Motor Vehicle Repair Industry Board *Commerce & Consumer Affairs*, P.O. Box 3469, Honolulu, HI 96801. 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 posted on our website at: cca.hawaii.gov/pvl. Click on "Motor Vehicle Repair".

**ADDRESS
CHANGE**

Address changes must be reported to the Board within thirty (30) days of the change. Report all address changes in writing.

APPLICATION FOR LICENSE - MECHANIC

Access this form via website at: cca.hawaii.gov/pvl
 Read the Requirements sheet before completing this form.

Legal Name (First, Middle)	(Last)
Other Names Used	
Residence Address (Include Apt. No., City, State & Zip Code)	
Mailing Address (ONLY if different from Residence)	

FOR OFFICE USE ONLY	APPROVED: <input type="checkbox"/> Initials/Date
	License No. MC - Date Licensed
	CLASS(ES): <input type="checkbox"/> Additional Class
	Social Security Number Phone No. (Days)

REQUEST TO ADD A CLASSIFICATION. Provide your License No.: _____

Check the classification(s) you are applying for, or adding, and attach a current ASE certificate indicating the expiration date of each classification.

- | | |
|--|---|
| <input type="checkbox"/> A1 Auto/Light Truck: Engine Repair | <input type="checkbox"/> T1 Medium/Heavy Truck: Gasoline Engines |
| <input type="checkbox"/> A2 Auto/Light Truck: Automatic Transmission/Transaxle | <input type="checkbox"/> T2 Medium/Heavy Truck: Diesel Engines |
| <input type="checkbox"/> A3 Auto/Light Truck: Manual Drive Train & Axles | <input type="checkbox"/> T3 Medium/Heavy Truck: Drive Train |
| <input type="checkbox"/> A4 Auto/Light Truck: Suspension & Steering | <input type="checkbox"/> T4 Medium/Heavy Truck: Brakes |
| <input type="checkbox"/> A5 Auto/Light Truck: Brakes | <input type="checkbox"/> T5 Medium/Heavy Truck: Suspension & Steering |
| <input type="checkbox"/> A6 Auto/Light Truck: Electrical/Electronic Systems | <input type="checkbox"/> T6 Medium/Heavy Truck: Electronic/Electronic Systems |
| <input type="checkbox"/> A7 Auto/Light Truck: Heating & Air-Conditioning | <input type="checkbox"/> T7 Medium/Heavy Truck: Heating, Ventilation & A/C |
| <input type="checkbox"/> A8 Auto/Light Truck: Engine Performance | |

EXPERIENCE IN THE TRADE (If more space is needed, use separate sheets.)	Dates (mo/yr)		Hours A Week	Description of Duties & Position Title	Name, Address & Phone No. of Employer
	From	To			

(CONTINUED ON PAGE 2)

Appl..... 395 \$10
 Lic..... 398 \$56
 CRF..... 396 \$67/\$134
 1/2 Ren..... 390 \$28
 Service Charge..... BCF \$25

Print Applicant's Name: _____

Date: _____

Check answers. **If response to question Nos. 5, 6 and/or 7 is "yes", refer to 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 U.S.? YES NO
- 3) Do you now hold or have you ever held a motor vehicle mechanic license in another jurisdiction? YES NO
 If "Yes", provide jurisdiction(s): _____
- 4) Have you ever held a license in Hawaii: Lic. No. _____ Exp. Date _____ YES NO
- 5) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 6) Are there any disciplinary actions pending against you? YES NO
- 7) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?..... YES NO

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements made on this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 437B-12, HRS). I further certify that I have read, understand, and agree to comply with the laws and rules of the Motor Vehicle Repair Industry Board.

Signature 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:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

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.