

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

WHO MUST BE LICENSED? This application should be used by a corporation, partnership, joint venture, limited liability company, limited liability partnership who intends doing business in Hawaii as a private detective or guard agency. **If both licenses are desired, a detective agency AND a guard agency, separate applications are required.**

The sole proprietor who is starting a business **or** the "*Principal*" of a corporation, partnership, joint venture, limited liability company (LLC) or limited liability partnership (LLP) **is required to apply** for a Private Detective or Guard license on a separate application. (See Board's form PDG-02).

THE STEPS TO FOLLOW TO APPLY FOR A LICENSE ARE OUTLINED BELOW:

INSTRUCTIONS FOR FILING

FILING DEADLINE A complete application along with appropriate fees must be received at least **30 days** prior to the Board meetings date. Board meetings are usually scheduled in the months of January, March, May, July, September, and November.

PRINCIPAL/ENTITY APPOINTMENT

Principal not licensed in Hawaii: Principal detective or guard must file a separate application.

Principal licensed in Hawaii: Have Principal submit a letter confirming employment with applicant and confirming termination of present status.

Sole proprietor licensed in Hawaii and incorporating, forming a partnership, LLC or LLP: **Submit** a letter with the application stating change in status from sole proprietor to Principal of new entity. After licensure, both the entity and Principal licenses must be maintained.

LICENSE VERIFICATION

License verification forms required if licensed as a private detective agency or guard agency in any other state or jurisdiction. Complete the top portion of the form, sign and forward to the licensing jurisdiction in which you are licensed. Upon receipt of the completed form, attach this form with your application or have the licensing authority send the form directly to the Board. Forms are required for each state or jurisdiction in which a license is held.

EMPLOYMENT RECORDS

Each officer, director, partner, manager or member must complete and have notarized an "*Employment Record*" form (PDG-06) covering employment over the past 10 years. This form may be duplicated as needed.

Attach completed "Employment Record(s)".

CRIMINAL HISTORY RECORD CHECK FEDERAL BUREAU OF INVESTIGATION ("FBI") REPORT

Obtain a FBI National Criminal History Record Check for **each** officer, director, partner, manager or member.

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 Hawaii Criminal Justice Data Center ("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 license 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 an FBI identification record are set forth in Title 28, CFR, 16.34.

**ENTITY
REGISTRATION**

If the applicant is a corporation, partnership, joint venture, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96801. Call (808) 586-2727 or visit their website at: 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 12 months ago.

TRADE NAME

If you are planning to use a trade name, **submit** a "filed-stamped copy" of **current** trade name registration approved by the Business Registration Division of the Department of Commerce and Consumer Affairs.

APPLICATION

- 1) Complete the on-line fillable application or print *legibly* in **black** ink.
- 2) Answer all questions. If a question/item is not applicable to the firm, please indicate with "N/A".
- 3) Business Location in Hawaii - Indicate under the "*Business Location*", the Hawaii office location where the firm will receive service of papers. (P.O. Box is not sufficient.)
- 4) "*Principal*" designation - Provide name, license number (if applicable) and other information on the person who will be responsible for the direct management and control of the agency.
Please note that the Principal is required to be licensed in Hawaii. If the designated person does not have a license and is applying for one, indicate this fact with, "*Applied on (date)*".
- 5) Application must be signed by an officer, director, partner, manager, or member.

**SOCIAL SECURITY
NUMBER**

The Social Security Number of each officer, partner, manager or member 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).

FEE

ATTACH the nonrefundable application fee of \$50 made payable to: **COMMERCE & CONSUMER AFFAIRS.** (check must be in U.S. dollars and be from a U.S. financial institution.)

**PLACE OF
BUSINESS**

A licensed agency shall have and maintain a definite place of business where the licensee may be served notice and legal process in the STATE OF HAWAII. Post Office Box number is not acceptable as a place of business. Personal residence addresses may be used provided it is in compliance with the respective county zoning requirements.

NOTE: Using a residential address as a business address will make the residential address a disclosable public record.

(CONTINUED ON PAGE 3)

BOARD'S ADDRESS

Mail all required items/documents to:

Deliver to office location at:

Board of Private Detective & Guard
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

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

ABANDONMENT OF APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to secure a license within **one year after filing the application**, or if the principal detective or principal guard fails to take and pass the examination within one year after becoming eligible to take the examination.

APPLICANT CHECKOUT

This is a summary of the items/documents that must be in the Board's office before the application is considered by the Board for licensure. It may be used by you to check if all items have been submitted.

HAVE YOU COMPLETED THESE STEPS TO START YOUR APPLICATION PROCESS?

- Answered all questions on the application form?
- Signed (one of the officers, directors, partners, manager, member) the application?
- Designated a "*Principal*" detective or guard on the application form?
- Provided a business location in Hawaii on the application form?
- Attached evidence of registration with BREG of the corporation, partnership, joint venture, LLC or LLP?
- Attached notarized employment records of all officers, directors, partners, managers and members covering the last 10 years in any jurisdiction in which they have resided?
- Attached the \$50 application fee made payable to Commerce & Consumer Affairs?
- Signed and dated the check?

Your application is considered complete when **ALL REQUIRED DOCUMENTS** are in the Board's office. Licensing must be completed within one year of the application date.

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. Criminal history records are confidential and shall not be discussed with anyone other than the applicant.

INSTRUCTIONS FOR "YES" ANSWERS TO QUESTIONS (6) THROUGH (8) OF THE APPLICATION FOR LICENSE (PDG-01)

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 6 and 7 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, you must **submit** the following:
 - i. A detailed statement by you explaining the underlying 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;
2. If your application (which includes any person listed under "Personnel of Applicant") indicates a criminal conviction, 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, judgments, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of fines; 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);

(CONTINUED ON PAGE 4)

- iv. Letters of recommendation from any physicians, counselors, and other members 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.
- v. Letters of recommendation from your current employer regarding your reliability and trustworthiness to work as a principal detective or principal guard.

BOARD INTERVIEW

BOARD INTERVIEW

The Board usually meets in January, March, May, July, September and November.

Applications that are "complete" are scheduled for Board review. Upon receipt of all required items, the Board will send notice to the applicant to appear at the Board meeting. An officer, director, partner, manager, or member of the applicant may be required to appear at the meeting. The "*Principal*" must appear at the meeting.

If you intend to use a uniform, emblem, or badge, please bring one set of photographs for the Board and additional sets for police departments of each county where you intend to do business. (See law enforcement badges).

Notification regarding the Board's decision will be sent through the mail. To protect the privacy of applicants, results are not released over the phone.

LICENSE REQUIREMENTS

Applicants approved by the Board will be required **to submit the following** items before a license will be issued:

BOND

A bond of not less than \$5,000 issued by a surety authorized to conduct business in this State on the form provided shall be submitted. Bond form must be notarized by both the applicant and surety issuing the bond. The surety must indicate on Bond form if Bond is for the principal, Private Detective Agency or Guard Agency.

LICENSE FEES

If a license is issued between July 1, even-numbered year to June 30, odd-numbered year , pay	\$344
<i>(License fee - \$66, Compliance Resolution Fund - \$148, 1/2 Renewal fee - \$130)</i>	
If a license is issued between July 1, odd-numbered year to June 30, even-numbered year , pay	\$140**
<i>(License fee - \$66, Compliance Resolution Fund - \$74)</i>	

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

All licenses, **regardless of issuance date, are subject to renewal on or before June 30 of each even-numbered year. If the agency is eligible for a license near the end of the two-year license period (within 3 months), the agency may elect to delay issuance of license until the next license period **provided the agency does not conduct business until the start of the new license period or when license is issued, whichever is later**.

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 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.

(CONTINUED ON PAGE 5)

UNIFORM/EMBLEM BADGE CLEARANCE	In accordance with Chapter 16-97-14, HAR, photographs of any uniform, emblem and badge (if being used) will be required for Board approval. One set of photographs for police departments of each county where you intend to do business will also be required. In addition, no licensee shall wear or permit an employee to wear any uniform, badge, identification or emblem similar in design as that of any government law enforcement agency. (See law enforcement badges.)
ENTITY/PRINCIPAL DEPENDENCY	A corporation, partnership, joint venture, LLC or LLP cannot be issued a license without having in its employ a "Principal" detective or guard. The entity must file a separate application from the "Principal" and both must pay separate fees in order to be licensed.
EMPLOYEE REGISTRATION FORM	Pursuant to Chapter 16-97-15, HAR, List of employees, every sole proprietor shall submit an Employee Registration form on or before July 31st and January 31st after the end of each semi-annual period. For guard agencies or sole proprietors providing guard services, the form (PDG-16a) shall list the name, address, guard employee registration number, date of hire and date of termination. For detective agencies or sole proprietors providing detective services, the form (PDG-16) shall list the names, addresses, dates of birth, and the dates of hire and termination of all employees doing any type of investigative work, and other information required on the form. These forms shall be filed even if no employees were hired or terminated. Failure to do so shall result in the Board initiating an investigation for disciplinary action. Complete and submit form PDG-18 if you no longer have employees to stop the reporting requirements. These forms are available on our website at: cca.hawaii.gov/pvl .
MAINTAIN BOND	Maintain a bond in force at all times. Failure to maintain bonding will result in the immediate and concurrent suspension of the license until such time a successor bond is filed.
PLACE OF BUSINESS	A licensed Private Detective or Guard Agency and sole proprietor shall have and maintain a definite place of business where the licensee may be served notice and legal process in the State. A Post Office Box number is not accepted as a place of business. Personal residence addresses may be used provided it is in compliance with the respective county zoning requirements. NOTE: Using a residential address as a business address will make the residential address a disclosable public record.
BIENNIAL RENEWAL	All licenses (including those on inactive status), regardless of issuance date, are subject to renewal on or before June 30, of each even-numbered year. Payment of renewal fees, information relative to conviction of the licensee of a crime which reflects unfavorably on the fitness of the licensee to engage in the profession, whether any psychiatric or psychological treatment has been recommended to the licensee, and evidence of a current bond are required. Licenses not renewed by June 30 are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. Forfeited licenses may be restored upon written application within one year and upon submittal of all required documents, delinquent fees and a penalty fee. Licensees who do not restore their licenses within the one year period are required to file as new applicants.
INACTIVE STATUS	Act 94, SLH 2004 established an inactive status which allows licensees, upon written request, to hold their licenses in abeyance if not currently being used in an effort to reduce a regulatory burden. This will result in lower renewal fees, the preservation of previously met licensure requirements (i.e. experience and examinations) and reduce costs because bonds would not have to be maintained during the inactive period. An active license may be placed on inactive status by filing an "Inactivation Application" and paying the appropriate fee. While on inactive status, a licensee shall not be engaged in the practice of a private detective, guard, or agency. The license may be reactivated at any time by filing an " Application for Reactivation/Status Change/Conversion " and meeting all requirements established by the Board, including the payment of the appropriate fees, submittal of fingerprints to Fieldprint Inc. to obtain the FBI National and State Criminal History Record Check through the HCJDC, and providing any information regarding any arrest or conviction of any crime that reflects unfavorably on the fitness of the licensee to engage in the profession, and information that the licensee, while on inactive status, has suffered a psychiatric or psychological disorder that is directly related and detrimental to the licensee's performance in the profession.

(CONTINUED ON PAGE 6)

GENERAL INFORMATION

LAWS & RULES

A copy of the laws, Chapter 463, HRS, and rules, Chapter 97, HAR relating to private detectives and guards may be obtained by submitting a written request to: The Board of Private Detective & Guard, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Licensing Act should be read in conjunction with the above statutes.

CHANGES TO REQUIREMENTS

Applicants are subject to requirements in effect at the time of filing.

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.

APPLICATION FOR PRIVATE DETECTIVE or GUARD AGENCY

State of Hawaii
 Dept. of Commerce and Consumer Affairs
 Board of Private Detective and Guards
 P.O. Box 3469
 Honolulu, HI 96801

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

Read "Requirements & Instructions" before completing this form.

<p>(A) Indicate the type of application being made:</p> <p> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Conversion </p>	<p>License No.</p> <p>PDA - _____ GDA - _____</p>	<p>Effective Date:</p> <p>PD - _____ GD - _____</p>															
<p>(B) Indicate the license type you are applying for:</p> <p> <input type="checkbox"/> Private Detective Agency <input type="checkbox"/> Guard Agency </p>	FOR BOARD USE ONLY																
<p>(C) Name of Applicant:</p> <p>_____</p> <p><i>(Name of Corporation, Partnership, Joint Venture, LLC or LLP as registered with BREG)</i></p> <ul style="list-style-type: none"> Name of "Principal" detective or guard who will be responsible for the direct management and control of agency: _____ License No.: _____ or Date Applied for License: _____ 																	
<p>(D) Trade Name or Business Name (if any): _____</p>																	
<p>(E) Phone No. (days): (____) _____</p>																	
<p>(F) • Mailing Address: _____ <i>(Street address or P.O. Box, City, State and Zip Code)</i></p> <p>• Hawaii Business Address: _____ <i>(Street address, City, State and Zip Code - P.O. Box is NOT acceptable)</i></p>																	
<p>(G) PERSONNEL OF APPLICANT:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Full Name and Title</th> <th style="width:20%;">Social Security No.</th> <th style="width:40%;">Residence Address (P.O. Box not acceptable) (Include Street Address, Apt. No., City, State & Zip Code)</th> </tr> </thead> <tbody> <tr> <td><i>(President, Partner, Manager or Member)</i></td> <td></td> <td></td> </tr> <tr> <td><i>(Vice-President, Partner, Manager or Member)</i></td> <td></td> <td></td> </tr> <tr> <td><i>(Secretary, Partner, Manager or Member)</i></td> <td></td> <td></td> </tr> <tr> <td><i>(Treasurer, Partner, Manager or Member)</i></td> <td></td> <td></td> </tr> </tbody> </table>			Full Name and Title	Social Security No.	Residence Address (P.O. Box not acceptable) (Include Street Address, Apt. No., City, State & Zip Code)	<i>(President, Partner, Manager or Member)</i>			<i>(Vice-President, Partner, Manager or Member)</i>			<i>(Secretary, Partner, Manager or Member)</i>			<i>(Treasurer, Partner, Manager or Member)</i>		
Full Name and Title	Social Security No.	Residence Address (P.O. Box not acceptable) (Include Street Address, Apt. No., City, State & Zip Code)															
<i>(President, Partner, Manager or Member)</i>																	
<i>(Vice-President, Partner, Manager or Member)</i>																	
<i>(Secretary, Partner, Manager or Member)</i>																	
<i>(Treasurer, Partner, Manager or Member)</i>																	

(CONTINUED ON PAGE 2)

Appl..... 547..... \$50

Lic..... 550..... \$66
 CRF..... 548..... \$74/\$148
 1/2 Renewal 540..... \$130
 Service Charge..... BCF..... \$25

Name of Applicant: _____

Date: _____

(Name of Corporation, Partnership, Joint Venture, LLC or LLP as registered with BREG)

The following questions pertain to the applicant and any persons, officers, directors, managers, partners, etc. responsible for the agency. Check answers.

- 1. Are you at least 18 years old? 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. Has the entity previously applied for or held a Hawaii Private Detective or Guard Agency License? YES NO

If "YES", state month and year: _____

4. Provide name, number, date, and **copy** of each Private Detective or Guard Agency license previously held in any state by the applicant, any person listed under "Personnel of Applicant", or by any organization in which any such person was a copartner or corporate officer, manager, or member. Attach additional sheet if necessary.

5. Has any person listed under "Personnel of Applicant", been affiliated with Private Detective or Guard Agency's whose license has been terminated due to issuance of a court order of this state or any other state? YES NO

If "YES", submit a detailed statement giving the date of the order and circumstances leading up to issuance of the court order.

If response is "YES" to questions 6 to 8, refer to the instructions for additional documents that must be submitted with this application.

6. Has the applicant, any person listed under "Personnel of Applicant", or any Private Detective or Guard Agency's organization in which any such person was a member of the personnel, had a Private Detective or Guard Agency's license or any professional or vocational license denied, fined, suspended, revoked or otherwise subject to disciplinary action by this state or any other state? YES NO
(For the purpose of this question, "denied" does not mean that one has previously failed an examination.)

7. Are there any disciplinary actions pending against you or any person listed under "Personnel of Applicant"? YES NO

8. Has any person listed under "Personnel of Applicant" ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

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 an FBI identification record are set forth in Title 28, CFR, 16.34.

AFFIDAVIT OF 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 grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 463-4, Hawaii Revised Statutes). I further certify that I have read and agree to comply with the laws and rules that the Board determines are required for licensure.

Signature of Officer, Director, Partner, Manager or Member

Date

Print Name: _____

Title: _____

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 Officer, Director, Partner, Manager or Member

Date

(CONTINUED ON PAGE 3)

Name of Applicant: _____

Date: _____

(Name of Corporation, Partnership, Joint Venture, LLC or LLP as registered with BREG)

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.