

REQUIREMENTS & INSTRUCTIONS FOR PRE-NEED FUNERAL AUTHORITY

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

1. Complete and sign application. Failure to provide the requested information will delay the process of the 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).

2. **Submit** the following documents:

- (a) If the application is for a corporation, partnership, 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, Hawaii 96810. *(Please call them for the proper forms at (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 "**Certificate of Good Standing**" or "**Certificate of Qualification**".

- (b) File-stamped copy of the articles of incorporation (for a corporation or partnership) or a file-stamped copy of the articles of organization (for a LLC or LLP) as filed with our Business Registration Division.
- (c) If applicant will be using a trade name, **ATTACH** a **CURRENT** "filed-stamped" copy of the "*Application for Registration of Trade Name*" approved by the Business Registration Division. You may contact them at (808) 586-2727.
- (d) Current **financial statements** (not more than 1 year old) consisting of a balance sheet, income statement and statement of changes in stockholders equity, prepared and signed by a licensed certified public accountant or public accountant. The financial statements may be compiled, reviewed or audited and may be prepared on a cash or accrual basis. If CPA is licensed out-of-state, provide copy of license.
- (e) A **current credit report** covering not less than the previous five years on the individual applicant; each partner of a partnership; each officer of a corporate entity; or each member or manager of an LLC or LLP (from a credit reporting agency issued not more than 6 months ago.)
- (f) A current **Hawaii State Tax Clearance** (not more than 6 months old) with an original Department of Taxation stamp.
- (g) Executed copy of the **declaration of the trust** between applicant and the designated trustee of the trust fund for each trust fund.
- (h) A copy of the **sales contract form** to be used in the selling of pre-need services.

(CONTINUED ON PAGE 2)

3. **Submit** a bond in the amount of \$50,000 (bond form attached). In addition, for each trust fund that is administered by a board of trustees, submit a bond in the amount of \$100,000 and an affidavit by the chairperson of the board of trustees attesting that no member of the board is affiliated with the applicant who is seeking licensure.

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

If filing in an even-numbered year, pay \$888
(Application*-\$100 + License-\$320 + Compliance Resolution Fund-\$148 + one-half of the biennial renewal-\$320)

If filing in an odd-numbered year, pay \$494**
(Application*-\$100 + License-\$320 + Compliance Resolution Fund-\$74)

*Application fee is not refundable.

**Subject to renewal on or before December 31 of each odd-numbered year, regardless of issuance date.

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 check you sent us for your required fees clears your bank. If your check is returned to us unpaid, 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 fee will be charged for checks which are returned by the bank.

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.

5. Mail all required items to:

Cemetery and Funeral Trust Program
DCCA, PVL, Licensing Branch
P. O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:
335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

6. To obtain a copy of the laws, Chapter 441, Hawaii Revised Statutes and Rules, Chapter 75, Hawaii Administrative Rules relating to Cemetery and Funeral Trusts, send a written request to: *Cemetery and Funeral Trust Program, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapters 441 and 75.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Look under "Cemetery and Pre-Need Funeral Authority".

RENEWAL OF LICENSE

- (a) Pay appropriate fee.
- (b) Continuation of bond. (Bond is continuous unless cancelled.)
- (c) Renew on or before December 31 of every odd numbered year.
- (d) Submit a trust fund report.

RESTORATION OF FORFEITED LICENSE

- (a) Submit written application for restoration accompanied by restoration fees. (Renewal fee plus 10% penalty). Forfeiture results from failure to renew license on time.
- (b) License may be restored within one year only.

(CONTINUED ON PAGE 3)

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.

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.

APPLICATION FOR LICENSE - PRE-NEED FUNERAL AUTHORITY

Access this form via website at: cca.hawaii.gov/pvl
 Read "Requirements & Instructions" before completing this form.

Name (Individual - First, Middle, Last) OR (Name of Corporation/Partnership/LLC/LLP):

Trade Name (if one will be used):

Business Address (Include suite no., city, state & zip code):

Mailing Address, **ONLY** if different from above (Include suite no., city, state & zip code):

Person Responsible for Daily Operations:

Phone No.:

Fax No.:

Applicant is a: Profit Nonprofit Organization

APPROVED: DENIED:

Initials/Date:

Eff. Date:

License No.:

PNF -

FOR OFFICE USE ONLY

Indicate the type of Business Entity:

- | | |
|--|--|
| <input type="checkbox"/> Individual (Sole Owner) | <input type="checkbox"/> Association |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Subsidiary of a Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> LLP |
| <input type="checkbox"/> LLC | |

CORPORATION, PARTNERSHIP, LLC, LLP

List Name & Title	Residence Address	Residence Phone No.	Social Security No.
President/Partner/Manager or Member			
Vice President/Partner/Manager or Member			
Secretary/Partner/Manager or Member			
Treasurer/Partner/Manager or Member			

Check answers and give details if required:

1. Was this Pre-Need Funeral Plan in operation before July 14, 1969? YES NO
2. Does the applicant have perpetual existence? YES NO
3. Trust Fund
 - a) Name of Pre-Need Trust: _____
 - b) How is it administered? (Check one) Board of Trustees Trust Company
 - c) For a pre-need trust that is administered by a **board of trustees, submit** the name, address, principal place of employment, and office held on the board for each member on a separate sheet of paper.

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Are the majority of board members residents of the State? YES NO

Are any board members affiliated with the authority that appointed the board? YES NO

Name and address of the Custodian of Trust Funds:

d) For a pre-need trust that is administered by a **trust company**:

Name of trust company: _____

Name of trust officer: _____

AFFIDAVIT OF APPLICANT

I hereby certify that the statements, answers, and representations made in 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 441-23, Hawaii Revised Statutes).

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 441 and Hawaii Administrative Rules, Chapter 75.

By: _____
(Authorized Officer or Agent)

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:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date