

**STATEMENT OF EDUCATIONAL BACKGROUND  
TO REGISTER AS A GUARD UNDER  
HRS CHAPTER 463 and ACT 208 (2010)**

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

<b>PART I. TO BE COMPLETED BY APPLICANT</b>			
<i>Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.</i>			
NAME OF APPLICANT (First, Middle)		(Last)	
Address of Applicant	Other names used:		
	Provide date your application was submitted:	Phone No.:	

<b>PART II. TO BE COMPLETED BY YOUR CURRENT OR FORMER EMPLOYER</b>												
<i>An individual applying to register as a guard under HRS chapter 463 and Act 208, SLH 2010 is required to have a high school education or its equivalent. The following attestation made and signed by the employer may be accepted as equivalent to a high school education.</i>												
<p>I attest that _____ has had at least _____ years of work  <small align="center">Name of Applicant</small>  experience from _____ to _____ demonstrating the ability to read, comprehend, apply written directions, and  <small align="center">month/year                      month/year</small>  understand verbal instructions, has a reasonable degree of verbal skill, and is able to write clear, factual reports.</p> <p>I hereby certify that the statements, answers, and representations made in this statement and any attachments thereto are true and correct. I understand that any misrepresentation is grounds for refusal to register the applicant as a guard, and is a misdemeanor (see, HRS sections 710-1017, 436B-19, and 463-4).</p> <p>_____</p> <p align="center">Print Name of Employer/Certifier</p> <p>_____</p> <p align="center">Signature of Employer/Certifier in front of Notary Public</p> <p align="right">_____</p> <p align="right">Date</p>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><i>Subscribed and sworn to before me this</i>  _____ day of _____ A.D. 20 ____ .</td> </tr> <tr> <td><i>Notary Signature:</i> _____</td> </tr> <tr> <td><i>Notary Public, State of:</i> _____</td> </tr> <tr> <td><i>My commission expires:</i> _____</td> </tr> <tr> <td><i>Print Name:</i> _____</td> </tr> </table>	<i>Subscribed and sworn to before me this</i> _____ day of _____ A.D. 20 ____ .	<i>Notary Signature:</i> _____	<i>Notary Public, State of:</i> _____	<i>My commission expires:</i> _____	<i>Print Name:</i> _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><i>Doc. Date:</i> _____ <i>No. of Pages:</i> _____</td> </tr> <tr> <td><i>Notary Name:</i> _____ <i>Circuit Court:</i> _____</td> </tr> <tr> <td><i>Doc. Description</i> _____</td> </tr> <tr> <td>_____</td> </tr> <tr> <td><i>Notary Signature:</i> _____</td> </tr> <tr> <td><i>Date:</i> _____</td> </tr> </table>	<i>Doc. Date:</i> _____ <i>No. of Pages:</i> _____	<i>Notary Name:</i> _____ <i>Circuit Court:</i> _____	<i>Doc. Description</i> _____	_____	<i>Notary Signature:</i> _____	<i>Date:</i> _____
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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.