

**VERIFICATION OF EXAM/LICENSE - ENGINEERS, ARCHITECTS, LAND SURVEYORS, AND LANDSCAPE ARCHITECTS**

State of Hawaii  
Board of EASLA

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

APPLICANT	<i>APPLICANT: Complete top portion of this page and forward to ORIGINAL state of license.</i>		
	Name (First, Middle)	(Last)	Other Names Used:
	Address (Include Apt. No., City, State and Zip Code)		Social Security No.
			Phone No.
	License No.		Date Issued:
Check type of License/Certificate Held: <input type="checkbox"/> PE <input type="checkbox"/> ARCH <input type="checkbox"/> LAND ARCH <input type="checkbox"/> LAND SURVEYOR <input type="checkbox"/> Check here if only verifying passage of FE/FS exam			
I hereby authorize the licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.  SIGN HERE: _____ Date: _____			

**PART II - FOR STATE BOARD ONLY TO COMPLETE**

The above-named person is applying for license in the State of Hawaii. Please complete all information below, affix your Board Seal and mail directly to:

BOARD OF EASLA  
DCCA, PVL LICENSING BRANCH  
P.O. BOX 3469  
HONOLULU, HI 96801

	PROFESSIONAL ENGINEER	ENGINEER IN TRAINING	ARCHITECT	LANDSCAPE ARCHITECT	LAND SURVEYOR	CURRENT & GOOD STANDING: <input type="checkbox"/> License is in good standing  <input type="checkbox"/> If any pending action or past sanctions, please explain on separate 8 1/2" x 11" paper and attach.
License No.	_____	_____	_____	_____	_____	
Date Issued	_____	_____	_____	_____	_____	
Valid Until	_____	_____	_____	_____	_____	
Date Applied	_____	_____	_____	_____	_____	

FE/FS accepted from (name of states): _____			Indicate <b>DISCIPLINE OF ENGINEERING</b> examined in:			
Examination Subjects	No. of Hours	Grade Obtained	Passing Grade Required	Month & Year Passed	Uniform NCEES, NCARB or CLARB exam?	

BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

*BOARD SEAL*

*(If none, please state "none")*