

## VERIFICATION OF LICENSE - MOTOR VEHICLE SALESPERSON

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

**APPLICANT:** Complete Applicant section and mail to all jurisdictions where you hold or held a license at any time. Contact the appropriate licensing agency for information on their procedures and fees.

<b>APPLICANT</b>	Name (First, Middle)	(Last)	Other Names used (Include maiden name)	
	Address (Include apt. no., city, state and zip code)		Social Security No.	
			License No.	Date Issued:
<p style="text-align: center;">I hereby authorize the licensing agency of the State of _____ to furnish the information below to the State of Hawaii Motor Vehicle Industry Licensing Board.</p> <p>SIGN HERE: _____ Date: _____</p>				

<b>LICENSING AGENCY</b>	This is to certify that the above-named individual was issued license number _____			
	Date issued: _____			
	Date license expires: _____			
	License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____			
Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <span style="float: right;"><input type="checkbox"/> No</span> (If "Yes", please explain and attach copy of Board's final order.) <span style="float: right;"><input type="checkbox"/> Yes</span>				
Signature: _____  Title: _____  State: _____  Date: _____				
BOARD SEAL (If none, state "none")				

**TO THE BOARD:** Return this form directly to: **Hawaii Motor Vehicle Industry Licensing Board**  
**DCCA, PVL Licensing Branch**  
**P. O. Box 3469**  
**Honolulu, HI 96801**

**THIS FORM MAY BE DUPLICATED**

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.