

# LICENSE VERIFICATION - PRIVATE DETECTIVE AND GUARDS

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

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

**NOTE:** If you do not hold an out-of-state license, disregard this form.  
 If you hold or have held a license(s) in any other state or jurisdictions, have the licensing authority of each state(s) or jurisdiction(s) complete this form.

## PART I. TO BE COMPLETED BY APPLICANT

APPLICANT	Legal Name (First, Middle)	(Last)	Social Security No.
	Address (Include Apt. No., City, State and Zip Code)		License Type/License No.
			Date Issued
I hereby authorize the licensing agency of _____ to furnish the information below for use by the State of Hawaii Board of Private Detective and Guards to evaluate my application for a Hawaii principal detective or guard; or a security guard training instructor license.			
SIGNATURE: _____			Date: _____

## PART II. TO BE COMPLETED BY LICENSING AGENCY AND RETURNED TO APPLICANT

LICENSING AGENCY	License No.: _____	Type of License: _____
	Effective Date: _____	Expiration Date: _____
	Please indicate the years of experience required by your agency for the Applicant to qualify for licensure in your state or jurisdiction.	
	Years: _____	<input type="checkbox"/> Other (please explain): _____
	Applicant was licensed by: <input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other (please explain): _____	
	Has the Applicant ever been disciplined in your state or jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", please send a copy of your Board's administrative action or final order).	
Signature: _____	AGENCY SEAL	
Name: _____		
Title: _____		
License Agency: _____		
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.