

# REQUIREMENTS FOR LICENSE OR CERTIFICATION BY ENDORSEMENT OF AN OUT-OF-STATE LICENSEE OR CERTIFICATE HOLDER - REAL ESTATE APPRAISER

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

**LICENSE/CERTIFICATE TYPE** You may only apply for the same level license/certificate type as the state you currently hold a license/certificate.

**LICENSE/CERTIFICATE VERIFICATION** List all states in which you hold a license/certificate. Verification of good standing in all states listed will be done through the National Registry. You must be in good standing in every state to obtain a license/certificate in Hawaii. If you do not possess a license/certificate in another state you need to submit a different application which would include evidence of the successful completion of the education, experience, and examination requirements.

## GENERAL INFORMATION/INSTRUCTIONS

- Copies of the Real Estate Appraisers laws, Chapter 466K, HRS and administrative rules, Chapter 114, HAR and Chapter 436B, HRS, the Professional and Vocational Licensing Act are posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Real Estate Appraisers".

- Mail all required forms to: 

Real Estate Appraisers DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801	OR	Deliver to office location at: 335 Merchant St., Room 301 Honolulu, HI 96813  Phone: (808) 586-3000
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Toll free voice access numbers for the neighbor islands:

Kauai: 274-3141 Ext. 6-3000	Molokai: 1-800-468-4644 Ext. 6-3000
Maui: 984-2400 Ext. 6-3000	Lanai: 1-800-468-4644 Ext. 6-3000
Hawaii: 974-4000 Ext. 6-3000	

- Please keep the department informed of all address changes in writing.

**APPLICATION FORM** Complete the fillable application form on-line or print **legibly** in black ink. Answer all questions and sign the application form.

- Failure to provide all the requested information will delay the processing of your 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).

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**FEES**

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

For license issued in the first year of the biennium  
**(Even-numbered years)**, pay ..... \$469  
*(Application\*\* - \$25 + License/Certificate fee - \$190 + Compliance Resolution Fund - \$126 + Annual Registry Fee - \$80 + 1/2 Renewal - \$48)*

For license issued in the second year of the biennium  
**(Odd-numbered years)**, pay ..... \$318\*  
*(Application\*\* - \$25 + License/Certificate fee - \$190 + Compliance Resolution Fund - \$63 + Annual Registry Fee - \$40)*

\*Subject to renewal by December 30 (odd-numbered years).

\*\*Non-refundable application fee.

**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 payment you sent us for your required fees is honored by your bank. If your payment is dishonored, 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 charge shall be assessed for payments that are dishonored for any reason.*

*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.*

**Instructions for "Yes" Answers to Questions (3) through (7) of the Application for License (REA-15)**

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
  - 1. Questions 3, 4, 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "Yes" to one or more of these questions, read paragraph "B" below, **and** you must **SUBMIT** the following:
    - i. A statement signed by you explaining the circumstances; and
    - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents.
    - iii. If your driver's license was subject to suspension, revocation, a Traffic Abstract must be submitted. Contact Traffic Court for this.
  - 2. If your application indicates a criminal conviction, read paragraph "B" on page 3, **and** you must **SUBMIT** the following:
    - i. A detailed statement **signed by you** explaining the underlying circumstances leading to the conviction, and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
    - ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each sentence; and
    - iii. If applicable, a copy of the terms of probation and/or parole **and** a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge);
    - iv. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: [www.ecrim.ehawaii.gov](http://www.ecrim.ehawaii.gov) to request a "Criminal History Record Check".
    - v. If your criminal conviction occurred in a state or states other than Hawaii, a current Criminal History Record Check will be required from each state **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.

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3. If you have any pending lawsuits, unpaid judgments, outstanding tax obligations, or any other type of involuntary liens against you, read paragraph "B" below, **and** you must **SUBMIT** the following:
  - i. A statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason;
  - ii. A resume of employment and business activities; and
  - iii. Copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other relevant documents.
  
- B. If you answered "Yes" to any of the questions (3) through (7), your application will be reviewed at a Real Estate Appraiser Advisory Meeting if you have provided all applicable information and documents as described above. They will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

**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.

**BIENNIAL  
RENEWAL**

All licenses and certificates will expire on **December 31 of each odd-numbered year**. To renew, you are required to submit a completed renewal application, fees, proof of required completed continuing education hours, and proof of completion of a USPAP course within the 2 years prior to renewal.

**RELEASE OF  
INFORMATION TO  
THIRD PARTY**

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 ENDORSEMENT OF AN OUT-OF-STATE LICENSE/CERTIFICATE - REAL ESTATE APPRAISER

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

Legal Name (First, Middle)	(Last)
Residence Address (Include Apt. no., City, State & Zip Code)	
Mailing Address ( <b>ONLY</b> if different from residence)	
Business Address (To be posted on National Registry via Internet)	

FOR OFFICE USE ONLY	<input type="checkbox"/> Approved      Initials/Date: _____ <input type="checkbox"/> Denied	
	Effective date: _____	License No. _____
	Other Names Used (Include maiden name): _____	
	Social Security No. _____	Phone No. (Days) _____

**Indicate type of license/certificate you are applying for:**

State Licensed Appraiser     
  State Certified Residential Appraiser     
  State Certified General Appraiser

Check appropriate answers. If you answer "YES" to questions 3, 4, 5, 6 and/or 7, refer to instructions for additional documents that must be submitted with this application.

- 1) Are you at least 18 years of age? .....  Yes  No
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  Yes  No
- 3) Have you ever had any license suspended, revoked, or otherwise subject to disciplinary action? .....  Yes  No
- 4) Have you been employed by any business whose license was suspended, revoked, or otherwise subject to disciplinary action? .....  Yes  No
- 5) Are you now under investigation or are there any disciplinary proceedings or actions taken or pending against you by any jurisdiction? .....  Yes  No
- 6) Have you ever had or are there any pending lawsuits, tax liens, or any other type of judgment or lien against you? .....  Yes  No
- 7) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No

I am presently a:  State Licensed Appraiser       State Certified Residential Appraiser       State Certified General Appraiser

List all states below and **attach** a copy of the license/certificate for each state. Attach additional sheets if necessary.

State _____	Lic/Cert No. _____	Exp. _____	State _____	Lic/Cert No. _____	Exp. _____
State _____	Lic/Cert No. _____	Exp. _____	State _____	Lic/Cert No. _____	Exp. _____
State _____	Lic/Cert No. _____	Exp. _____	State _____	Lic/Cert No. _____	Exp. _____
State _____	Lic/Cert No. _____	Exp. _____	State _____	Lic/Cert No. _____	Exp. _____
State _____	Lic/Cert No. _____	Exp. _____	State _____	Lic/Cert No. _____	Exp. _____
State _____	Lic/Cert No. _____	Exp. _____	State _____	Lic/Cert No. _____	Exp. _____

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## SIGNATURE REQUIRED ON PAGE 2

Appl .....	691.....	\$25
Lic/Cert .....	692.....	\$190
CRF .....	696.....	\$63/\$126
Annual Registry Fee .....	919.....	\$40/\$80
1/2 Ren .....	690.....	\$48
Service Charge .....	BCF.....	\$25

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Affidavit of Applicant:**

I certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license or certificate and is a misdemeanor (*Sections 710-1017 and 436B-19, Hawaii Revised Statutes and 16-114-49, Hawaii Administrative Rules*). I further certify that I have read, understand and will obey the laws and rules concerning real estate appraisers in the State of Hawaii.

I also appoint the Director of the Department of Commerce and Consumer Affairs to act as my agent upon whom all judicial and other process or legal notices directed to me may be served. Service upon the Director shall have the same force and validity as if personally served upon me, and the Director's authority shall remain in force as long as the liability remains outstanding.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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

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.