

Professional and Vocational Licensing Division
FAX: (808) 586-3031

Deliver to: 335 Merchant Street, Suite 301
Honolulu, HI 96813

Mail to: P.O. Box 3469
Honolulu, HI 96801

Email to: pvl@dcca.hawaii.gov

ADDRESS / NAME CHANGE / DUPLICATE LICENSE REQUEST

Access this form via website at: cca.hawaii.gov/pvl

****This form is to be used only by licensees regulated by the Professional and Vocational Licensing Division****

1. OLD Name or OLD Address

Please complete the request form using the on-line fillable form, OR by printing legibly in dark ink.

LAST Name _____ FIRST Name _____ Middle Name or Initial _____

Social Security No. _____ Profession _____ License No. or Application applied for _____

Entity Name _____ Phone No.: (_____) _____

OLD Address _____ City _____ State _____ Zip Code _____

This address is my: RESIDENCE HOME BUSINESS (other than listed below) MAILING

2. NEW Name or NEW Address

NOTE: You may NOT use this form to request a change of BUSINESS name. A copy of any of the following documentation must accompany a name change request: marriage license, divorce decree, court order, etc. **DO NOT SEND ORIGINALS.**

LAST Name _____ FIRST Name _____ Middle Name or Initial _____

Entity Name _____

_____ Phone No.: (_____) _____
E-mail Address _____

NEW Address _____ City _____ State _____ Zip Code _____

This address is my: RESIDENCE HOME BUSINESS (other than listed below) MAILING

3. Business Address Changes

The following licensing areas require a "Relocation Application": Barber Shops, Beauty Shops, Beauty Schools, Massage Therapy Establishments, Motor Vehicle Dealers/Dealer Branches/Auctions, Repair Dealers, and Pharmacies. Links to these forms can be found on the applicable home pages.

Real Estate licenses require a "Change" Form. Pest Control licenses require a "Zoning Certification" Form. Pharmacy Miscellaneous Permits require an original verification of the change from the home state Board. Links to these forms can be found on the applicable home pages.

Incomplete requests will not be processed. You will not receive confirmation of the address change. Please allow twenty (20) business days from receipt of your request for your change of address to be posted in our database.

NOTE: Your records will be updated **only if your license is current.**

(RETURN BOTH PAGES - SIGNATURE REQUIRED ON PAGE 2)

4. Duplicate Wallet License Request (optional) - Accepted by mail or delivery ONLY

If you want a duplicate wallet license printed with your new name and/or address, check the reason you need a duplicate, sign and date your request, and attach a check or money order for **\$10.00** made payable to: COMMERCE AND CONSUMER AFFAIRS. A new license will be requested for you and should arrive in your mailbox within two weeks. **You are not required to obtain a new license when you change your name or address. This is strictly your choice.** During your next renewal, the renewal notice and license will automatically print with your new name and/or address.

Attach fee of **\$10.00** and **CHECK ONE REASON BELOW:**

- Name Change Destroyed/Lost
 Address Change Stolen (Fee waived) - **A COPY OF POLICE REPORT MUST BE SUBMITTED ALONG WITH THIS REQUEST.**
 Printed w/the wrong Name/Address Other, explain: _____

5. Duplicate Wall Certificate Request (optional) - Accepted by mail or delivery ONLY

If you want a duplicate wall certificate, check the reason you need a duplicate, sign and date your request, and attach a check or money order for **\$10.00** made payable to: COMMERCE AND CONSUMER AFFAIRS. A new wall certificate will be requested for you and should arrive in your mailbox within two weeks.

Attach fee of **\$10.00** and **CHECK ONE REASON BELOW:**

- Name Change Destroyed/Lost
 Printed w/the wrong Name Other, explain: _____

The following license types do NOT have wall certificates:

COLAX	MEDICAL (RESIDENCY & EMTB/EMTP)	NSG (RN/LPN ENDORSEMENT,
CONTRACTOR (RME)	MIXED MARTIAL ARTS	APRN & RX)
ELECTRICIAN/PLUMBER	MVI (CONSUMER CONSULTANT,	PEST CONTROL (RME & PCFR)
ELEVATOR MECHANIC	SALESPERSON)	PORT PILOT
EMPLOYMENT AGENCY (PRINCIPAL)	MVR (MECHANICS)	REAL ESTATE (CHO)

6. Affidavit

I hereby certify that the information provided on this form is true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, HRS).

Signature

Date

7. Deliver, fax, mail, or email this completed form to the ADDRESS ON PAGE 1. If payment is required for your request, attach payment.