OPERATOR-IN-CHARGE FORM

This form can be obtained online at: **cca.hawaii.gov/pvl**

The Barber or Beauty Shop Owner of record may use this form to report **each change, addition or termination** of your operator(s)-in-charge. Please note any additions require that the new operator-in-charge sign the acknowledgement.

*****Failure to provide all of the requested information will delay the processing of your changes.*****

If an operator-in-charge would like to self-report a **termination** of employment and/or designation as operator-in-charge of a shop, they may submit a written request that includes their name, license number, the name and license number of the barber or beauty shop and the effective termination date. You cannot self-report changes other than terminations.

Submit original form to:

Mail to:
Board of Barbering and Cosmetology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to Office Location:
335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

INDICATE the type of Shop License you currently possess (check one):

◯ Barber Shop ◯ Beauty Shop Current Shop License No.: _____

SHOP OWNER		
	Name of Barber or Beauty Shop	Physical Address of Shop on file with DCCA
	Trade Name/dba (doing business as), if any	

OPERATOR-IN-CHARGE				
	Check one: ◯ New Designation* ◯ Terminate Designation	Name of Operator-in-Charge:	License No.:	License Category:
	Effective Date: _____	*If you checked "New Designation", please check the applicable box: ◯ I am currently **not** designated as an Operator-in-Charge by **any** shop ◯ I am currently designated as an Operator-in-Charge for another shop, however, I am reporting that I am terminating my designation with the other shop ◯ I am currently designated as an Operator-in-Charge for another shop, and I intend to be the Operator-in-Charge for both shops (attach letter explaining logistics)		

ACKNOWLEDGEMENT (attach additional sheets if needed):

I hereby acknowledge that I will be the operator-in-charge of this shop. I also acknowledge that I have read, understand, and agree to comply with all statutes and rules pertaining to the Board of Barbering and Cosmetology including but not limited to, Hawaii Revised Statutes Chapters 436B, 438, and 439, and Hawaii Administrative Rules Chapters 16-73 and 16-78.

_____
Signature of Operator-in-Charge Date

_____ Date: _____
Signature of Shop Owner

_____ Business Phone No.: _____
Print Name of Shop Owner

(FORM MAY BE DUPLICATED)

Print Form

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.