

REQUIREMENTS & INSTRUCTIONS - MOTOR VEHICLE REPAIR DEALER

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

ONE APPLICATION PER REPAIR FACILITY

File a separate application for each repair facility and pay separate fees.

DESIGNATED FULL-TIME MECHANIC(S) WITH APPROPRIATE ASE CLASSIFICATIONS

A repair facility (business) may engage in motor vehicle repairs only in the areas that it's designated; full-time mechanic(s) are certified. However, a licensee whose license number begins with "MR" is authorized to engage in all *classifications* of automotive, truck and motorcycle repairs (grandfather clause, see §437B-24, HRS) without taking the ASE certification exams or the motorcycle certification exam.

APPLICATION FORM

Complete this form to:

- 1) Apply as a new repair dealer;
- 2) Apply as an entity when owner was formerly a sole proprietorship;
- 3) Apply for relocation; or
- 4) Apply for a salvage repair dealer license.

Complete the on-line application form or print legibly in dark ink.

Failure to provide all 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. **Sole owner only: 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).

ENTITY REGISTRATION

If the applicant is a corporation, partnership, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810. (Please call BREG for proper forms at (808) 586-2727 or visit their website at: cca.hawaii.gov/breg to order Certificates of Good Standing, forms, etc.)

If the entity has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "*filed-stamped*" copy of the document filed with BREG, or the same certificate mentioned below.

If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a current "*Certificate of Good Standing*" issued not more than one year ago.

TRADE NAME

If applicant will be using a trade name, **attach a current "filed-stamped"** copy of the "*Application for Registration of Trade Name*" **approved** by BREG. Contact BREG at (808) 586-2727.

(CONTINUED ON PAGE 2)

BUSINESS ADDRESS A motor vehicle repair dealer's premise shall meet the zoning laws of the applicable county or City and County of Honolulu.

ZONING COMPLIANCE Repair dealer's premise must be in a location properly zoned to allow such a business by the respective counties. (Licenses will not be issued to mobile repair facilities in accordance with §437B-7.5, HRS.) You must apply for a zoning clearance with the appropriate county agency and make an attestation as to the approval on the Zoning Certification Form (MVR-13) provided before your license will be issued. For zoning clearance applications or any questions regarding zoning, please direct your inquiries to the respective county. See the Zoning Certification Form for contact information.

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

Refer to the list on the application form to determine which category of fee you need to pay. Then refer below to determine when you will receive your license and pay accordingly.

Category

1	REPAIR DEALER	
	If your license will be issued between July 1, odd-numbered years and June 30, even-numbered years, pay	\$368
	(Appl* - \$10 + Lic - \$140 + CRF - \$148 + 1/2 Ren - \$70)	
	If your license will be issued between July 1, even-numbered years and June 30, odd-numbered years, pay	\$224**
	(Appl* - \$10 + Lic - \$140 + CRF - \$74)	
2	SALVAGE REPAIR DEALER	
	If your license will be issued between July 1, odd-numbered years and June 30, even-numbered years, pay	\$388
	(Appl* - \$30 + Lic - \$140 + CRF - \$148 + 1/2 Ren - \$70)	
	If your license will be issued between July 1, even-numbered years and June 30, odd-numbered years, pay	\$244**
	(Appl* - \$30 + Lic - \$140 + CRF - \$74)	
3	SALVAGE REPAIR DEALER for business that holds a Repair Dealer's license, pay	\$30
4	RELOCATION ONLY, pay	\$10

* Application fees are non-refundable.

** Subject to renewal June 30, odd-numbered years, regardless of issue date.

If you are eligible for a license near the end of the second year of a two-year license period (within 3 months), you may elect to delay the issuance of your license until July 1, odd-numbered year **provided that you do not start engaging in motor vehicle repairs until July 1, odd-numbered year.**

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 check you sent us for your required fees clears your bank. If your check is returned to us unpaid, 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 fee will be charged for checks which are returned by the bank.

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 (8) of the Application for License (MVR-01)

- 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, both motor vehicle and those other than motor vehicle. 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.
 2. If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the 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 the court order, verdict, and terms of sentence;
 - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders; and
 - iv. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at: ag.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.
- NOTE:** If your criminal conviction occurred in a state or jurisdiction other than Hawaii, a current criminal history record check will be required from each state or jurisdiction **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.
- B. If you answered "yes" to any of the questions (1) through (6), your application will be reviewed at a Motor Vehicle Repair Industry Board meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

BOARD'S ADDRESS

Mail all required items to:

MOTOR VEHICLE REPAIR INDUSTRY BOARD
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to office location at:

335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

OR

LAWS & RULES

To obtain a copy of the motor vehicle repair laws, Chapter 437B, Hawaii Revised Statutes and rules, Chapter 87, Hawaii Administrative Rules, send a written request to DCCA, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 437B and Chapter 87.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Motor Vehicle Repair", then click on "Statute/Rule Chapter".

LICENSE RENEWAL

All motor vehicle repair licenses, regardless of issue date, are subject to renewal by June 30 of every ODD-numbered year. Notices are mailed to all current licensees approximately 6 weeks before the license expiration date. If you do not receive a notice, check with the Board before the expiration date so your license can be renewed on time. Failure to renew your license shall constitute a forfeiture of the license.

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**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.

**RELEASE OF
INFORMATION**

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.

FILING INSTRUCTIONS FOR MOTOR VEHICLE REPAIR DEALER WITH SALVAGE

**SALVAGE REPAIR
DEALER
REGISTRATION**

Anyone engaging in motor vehicle salvage repairs is required to be registered as a motor vehicle repair salvage dealer with the Motor Vehicle Repair Industry Board and maintain a bond in the amount of \$25,000.

**SALVAGE REPAIR
EQUIPMENT LIST**

In addition to completing the attached "Application for License - Motor Vehicle Repair Dealer", you will also need to complete the "Salvage Repair Equipment List". Contact the Board for the form or you may download from our website at: cca.hawaii.gov/pvl.

**EIGHT
AUTOMOTIVE
SPECIALTIES**

The dealer engaging in salvage repair work is required to hold or have in its employ a full-time Hawaii licensed mechanic who is certified in **all** of the following ASE specialties:

Automotive and/or medium-heavy duty truck air-conditioning, automatic transmission, brakes, electrical system, engine, front suspension & wheel alignment, standard transmission and tune-up, or a Hawaii licensed mechanic who was grandfathered in under the law (specifically has a current "MR" license number), or a motorcycle mechanic.

BOND

A bond of \$25,000, issued by a surety authorized to conduct business in this state, is required of all repair dealers performing salvage repair work. The bond form must be completed and signed by all parties before a notary public, then submitted to the Board. Contact the Board for the form or you may download from our website at: cca.hawaii.gov/pvl.

**REGISTRATION OF
VEHICLE**

Registration of the vehicles are handled by the local counties or City and County of Honolulu's Motor Vehicle Divisions. Inquiries regarding vehicle registration should be directed to those offices.

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.

APPLICATION FOR LICENSE/RELOCATION/SALVAGE - MOTOR VEHICLE REPAIR DEALER

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

Read the "Requirements and Instructions" before completing this form.

Check the type of BUSINESS ENTITY:

Individual (sole owner) Partnership

Corporation Limited Liability Company

Name of Applicant: (Individual - First, Middle, LAST or name of Corporation/Partnership/LLC)

Trade Name: (if any) (Submit approved tradename document)

FOR OFFICE USE

Approval: Initials/date: _____

RD - _____ Effective Date: _____

Relocation Only

Business Location Address: (Include Suite No., City, State & Zip Code)

Mailing Address, only if different from business address:

Social Security No.: (Sole owner only) Business Phone: (include area code)

Check the type of APPLICATION being made:

FEE CATEGORY

NEW LICENSE for business that was NOT licensed as a repair dealer before 1

NEW LICENSE for entity that was formerly a sole owner 1

Sole Owner's current No. RD - _____

NEW LICENSE and also applying for SALVAGE registration 2

SALVAGE registration only for business that already holds a repair dealer's license 3

Current No. RD - _____

RELOCATION of repair dealer that is already licensed 4

Current No. RD - _____

MECHANIC EMPLOYEES:	Name of Licensed Mechanics		ASE or motorcycle Specialties	License No. MC or MR	Is mechanic a full-time employee?
	Give the following information on CERTIFIED or REGISTERED MECHANICS who will be working at this repair facility	Mechanic in charge of this facility:			
List other employed mechanics					

(CONTINUED ON PAGE 2)

Appl (RD/RDS)	395	\$ 10/\$30
Lic	398	\$ 140
CRF	396	\$ 74/\$148
1/2 Ren	390	\$ 70
Reloc	394	\$ 10
Service Fee	BCF	\$ 25

APPLICATION FOR MOTOR VEHICLE REPAIR DEALER

Answer all questions. Check the appropriate response. Questions 1 through 9 refer to the applicant, to any officer or director of the corporation, to any manager or member of the LLC, or to any partner of the partnership or LLP. **If any response to questions 1 through 6 is "Yes", refer to the 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 U.S.? YES NO
- 3. Has an application for license ever been denied, suspended, fined, involuntarily terminated, revoked, or otherwise subject to disciplinary action, regardless of outcome? YES NO
- 4. Have any complaints or charges ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? YES NO
- 5. Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? YES NO
- 6. Are there any pending disciplinary actions in any jurisdiction 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
- 8. Are there any pending lawsuits, unpaid judgments, or any other type of involuntary liens against you? YES NO
- 9. Is the corporation, partnership, LLC, LLP, and/or trade name properly filed with the Business Registration Division of Department of Commerce and Consumer Affairs? YES NO

Check the TYPE of REPAIR WORK this repair facility will engage in:

NOTE: A repair facility business is limited to the specialties that the full-time employed mechanics are licensed to perform.

- | | |
|--|--|
| <input type="checkbox"/> A1 Engine Repair | <input type="checkbox"/> T1 Gasoline Engines |
| <input type="checkbox"/> A2 Automatic Transmission/Transaxle | <input type="checkbox"/> T2 Diesel Engines |
| <input type="checkbox"/> A3 Manual Drive Train and Axles | <input type="checkbox"/> T3 Drive Train |
| <input type="checkbox"/> A4 Suspension and Steering | <input type="checkbox"/> T4 Brakes |
| <input type="checkbox"/> A5 Brakes | <input type="checkbox"/> T5 Suspension and Steering |
| <input type="checkbox"/> A6 Electrical/Electronic Systems | <input type="checkbox"/> T6 Electrical/Electronic Systems |
| <input type="checkbox"/> A7 Heating and Air Conditioning | <input type="checkbox"/> T7 Heating, Ventilation, and Air Conditioning |
| <input type="checkbox"/> A8 Engine Performance | <input type="checkbox"/> Motorcycle & Motor Scooter |

I/We, hereby certify that the statements, answers, and representations made in this application and in the documents submitted are true and correct. I/We, as individual(s)/officer(s)/partner(s)/manager(s)/member(s) have the authority to sign this application and to make statements contained herein. I/We, hereby certify that I/we have read, understand, and agree to comply with the laws and rules of the Motor Vehicle Repair Industry Board. I/We, hereby certify that the activities of the motor vehicle repair dealer are limited to the specialties that I or my designated full-time mechanics are licensed under. I/We, hereby certify that our premise is in compliance with Chapter 437B, Hawaii Revised Statutes ("HRS"), and Chapter 87, Hawaii Administrative Rules, and that I/we have verified with the respective county that the premise is zoned to conduct motor vehicle repair dealer activity. I/We understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 437B-12, HRS).

Title

Print name of applicant, president, etc.

Date

Signature of Applicant

Print Name of Applicant: _____

Date: _____

APPLICATION FOR MOTOR VEHICLE REPAIR DEALER

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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