

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 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.**

4. 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