

INSTRUCTIONS AND REQUIREMENTS – ELEVATOR MECHANIC LICENSE

Access this form online at: https://cca.hawaii.gov/pvl/boards/elevator/application_publications/

- AGE** You must be at least eighteen (18) years of age.
- 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 that 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).
- APPLICATION FORM** Complete the online fillable form or print legibly in black ink. Complete all sections and questions; incomplete applications will not be accepted. Applicants are subject to requirements in effect at time of filing.
- FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.**
- INITIAL FEE** **ATTACH** the nonrefundable application fee of **\$40.00**.
- Make checks payable to: **COMMERCE AND CONSUMER AFFAIRS**
Checks must be in U.S. dollars and be from a U.S. financial institution.
- 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.***
- EXPERIENCE VERIFICATION FORM** **ATTACH** the “Experience Verification” form completed and signed by a licensed elevator mechanic certifying your satisfactory completion of at least four (4) years of training under his/her supervision.
- If you worked for more than one employer during the minimum four (4) years of training, **ATTACH** an “Experience Verification” form for each employer. Each form shall be completed and signed by a licensed elevator mechanic certifying your training under his/her supervision.
- RELEASE OF INFORMATION** If an agency or individual is assisting you with this 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, sign, and date the portion on “Release of Information to Third Party”.

INSTRUCTIONS FOR “YES” ANSWERS TO QUESTIONS (5) THROUGH (7)

- Questions 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, **ATTACH:**
 - 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 facts and conclusions of law, and any other relevant documents;
 - iii. A resume of any employment, business activities, and education since the date of action.

- Question 7 refers to criminal convictions. If your answer is “YES” to this question, **ATTACH:**
 - 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 notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. At least one letter of recommendation from a member of the community (non-relative) who can objectively attest to a firm belief you have been sufficiently rehabilitated to warrant the public’s trust;
 - v. If applicable, a letter of recommendation from your current employer regarding your reliability and trustworthiness to work as an elevator mechanic; and
 - vi. 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, 456 S. King Street, Rm. 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at : ecrim.hawaii.gov to request a “Criminal History Record Check” form.

NOTE: 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.

ABANDONMENT OF APPLICATION Pursuant to HRS section 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 an examination 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 to be abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

SEND YOUR APPLICATION

VIA MAIL:

Elevator Mechanics Licensing Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

DELIVER TO OFFICE LOCATION:

DCCA, PVL Licensing Branch
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

BOARD REVIEW

All applications are subject to review by the Elevator Mechanics Licensing Board. Please schedule the submittal of your application to allow for additional time that may be required for Board review.

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LICENSE DENIAL	If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes Chapter 91. Your written request for a hearing should be directed to the Elevator Mechanics Licensing Board and must be received by the Board within 60 days of the date your application for licensure was denied.
APPROVAL FOR EXAMINATION	<p>You are not allowed to register for your exam until the Board approves your application and sends you a letter of approval and an examination registration form. Your eligibility is valid for 6 months. You can test unlimited during the 6 month period.</p> <p>For examination information, including registration, exam locations, and Candidate information Bulletins, please visit the PSI Services LLC website https://test-takers.psiexams.com/hitrade/. For telephone registration, please call (833) 333-4754.</p> <p>For the fastest and most convenient examination scheduling process, PSI recommends that you register for your examinations using the Internet. You register online by accessing PSI's registration website at https://test-takers.psiexams.com/hitrade/. Internet registration is available 24 hours a day.</p> <p>Examinations are available remotely and at PSI exam locations across the country (including locations on Oahu, Maui, Kauai and Hawaii (Honokaa)).</p>
EXAMINATION RESULTS	Exam results, pass or fail are provided at the test center on the day of your examination. Additional information on continuing the processing of your application, including the required licensing, will be forthcoming from the Professional and Vocational Licensing Division within 45 days of your examination.
LICENSE FEES	<p>Upon notification of passing the examination, submit the required license fee:</p> <p>If license is issued between July 1, even-numbered year, and June 30, odd-numbered year, pay . . \$240 (<i>License - \$70 + Compliance Resolution Fund - \$100 + Second year of biennial license - \$70</i>)</p> <p>If license is issued between July 1, odd-numbered year, and June 30, even-numbered year, pay . . \$120 (<i>License - \$70 + Compliance Resolution Fund - \$50</i>)</p> <p>The Compliance Resolution Fund was established by the 1982 Legislature (Hawaii Revised Statutes Section 26-9(m)) to expedite resolution of consumer complaints filed with DCCA.</p>
RENEWAL	<p>All licenses, regardless of date issued, expire on <u>June 30 of each even-numbered year</u>. Licenses must be renewed on or before the expiration date. Renewal applications are sent approximately two months before the expiration date. If you do not receive a renewal application one month prior to the expiration date, contact the PVL Licensing Branch at (808) 586-3000.</p> <p>Licensees are advised to keep the Board informed of any change to mailing address.</p>
LAWS AND RULES	To obtain a copy of the Board's laws and rules, Hawaii Revised Statutes Chapter 448H and Hawaii Administrative Rules Chapter 81, submit a written request to the address on Page 1 of these instructions. Hawaii Revised Statutes Chapter 436B, the Professional and Vocational Licensing Act, should be read in conjunction with the above laws and rules. or you may download them from cca.hawaii.gov/pvl .

This material can be made available for individuals with special needs. Please call the PVL Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR EXAM & LICENSE – ELEVATOR MECHANIC

Read "Requirements & Instructions" before completing this form.

Please type or print **LEGIBLY** in black ink.

Legal Name (First, Middle)		(Last)
Other Names Used (Previous surnames, maiden name, nicknames and aliases)		
Residence Address (Include Apt. No., City, State, & Zip Code)		
Mailing Address (ONLY if different from residence)		
Email Address		
Social Security No.	Phone No. (Days)	

FOR OFFICE USE ONLY	<input type="checkbox"/> APPROVED (Initials/Date):	
	Effective Date:	License Number: EVM -

Check answers. If response is "YES" to questions 5 to 7, 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 United States? YES NO
- 3. Are you registered as an apprentice elevator mechanic in Hawaii? YES NO
 If "YES": Permit No.: _____ Date of Registration: _____
- 4. Have you ever held a license as an elevator mechanic in any state of the United States? YES NO
 If "YES": State Licensed: _____ Date of Licensure: _____ Expiration Date: _____
- 5. Has any license ever been suspended, conditioned, revoked, or otherwise subject to disciplinary action? YES NO
- 6. Are you presently being investigated or are there are any disciplinary actions pending 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

(CONTINUED ON PAGE 2)

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App	202	\$40
License	205	\$70
CRF	206	\$50/\$100
1/2 Renewal	200	\$70
Service Charge ...	BCF	\$25

Print Name: _____

Date: _____

ELEVATOR MECHANIC TRAINING AND EMPLOYMENT

If more space is needed, attach a separate sheet (8.5" x 11")

TRAINING INFORMATION: DESCRIBE IN DETAIL your training as an elevator mechanic in the space below:

EMPLOYMENT INFORMATION: Give full account of your employment for the **last five (5) years**. Include periods of unemployment, time in school, and military service. Start with current or most recent:

Name of Employer	Address of Employer	Dates Employed (mo/yr)		Length of Employment	Average Hrs Per Week	Position Title
		From	To			
				Yrs Mos		
				Yrs Mos		
				Yrs Mos		

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and the accompanying documents are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Hawaii Revised Statutes Sections 710-1017 and 436B-19, and Hawaii Administrative Rules Section 16-81-29, Hawaii Revised Statutes). I further certify that I have read, understand, and agree to comply with the laws and rules for elevator mechanics.

Signature of Applicant

Date

Print Name of Applicant

RELEASE OF INFORMATION TO THIRD PARTY:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (include, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date

EXPERIENCE VERIFICATION FORM – ELEVATOR MECHANIC

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TO BE COMPLETED BY SUPERVISING ELEVATOR MECHANIC			
Legal Name of Applicant (First, Middle)	(Last)	Dates of Training (mm/yyyy) <u>From</u> <u>To</u>	Total Length of Training Yrs. Mos.
<u>DESCRIBE IN DETAIL</u> the Type of Elevator Mechanic Work Performed by Applicant in <u>SPECIFIC AREAS</u> :			Hours a <u>WEEK</u> per Area
Name of Employer		Address of Employer	

CERTIFICATION OF SUPERVISING ELEVATOR MECHANIC:

I hereby certify that: (1) I personally know the applicant; (2) the applicant and I worked for the Employer specified above during the “Dates of Training” specified above; (3) the applicant performed the elevator mechanic work described above during this period of time; (4) I was a licensed elevator mechanic and supervised the applicant during this period of time; and (5) all other statements and answers given here are true and correct.

Signature of Supervising Elevator Mechanic

Date

Print Name of Supervising Elevator Mechanic

EVM License Number

Title