

REQUIREMENTS FOR EXAM & LICENSE - MOTORCYCLE MECHANIC

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

An applicant must meet the education and experience requirement in order to be eligible to take the motorcycle licensing exam. All claims of education and experience must be verified in writing (copy of diploma; employment verification) and submitted with the application.

EDUCATION/ EXPERIENCE REQUIRED

1 year education* **and** 1 year experience**, **or** 2 years experience**.

* EDUCATION - Vocational/academic schooling with credit courses only. **ATTACH** COPY OF YOUR DIPLOMA OR OFFICIAL TRANSCRIPT (with school seal).

** EXPERIENCE - Apprenticeship or mechanic's helper only. **ATTACH** COMPLETED "EMPLOYMENT VERIFICATION" FORM(S) (Form MVR-02B).

INSTRUCTIONS AND INFORMATION ON FILING

APPLICATION FORM

Complete the application form. Use the on-line fillable form OR print **legibly** in black ink. Answer all questions and provide all requested information. Sign and date the application form.

- **Failure to provide all the 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. 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).

SUPPORTING DOCUMENTS

Attach a copy of your certificate or diploma verifying that you completed a motorcycle mechanic academic program, if applicable; and

Attach the ORIGINAL Employment Verification form (MVR-02B) that your supervising mechanic completed. **DO NOT** submit a "copy" of the completed form because it will delay processing of your application.

FEES

Attach fee of \$30 (\$10 non-refundable application fee, and \$20 examination fee). After you pass the examination, we will notify you about the additional license fees that you will be required to pay.

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

(CONTINUED ON PAGE 2)

**FEES
(cont'd)**

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.

FILING DEADLINE

A completed application, \$30 and supporting documents must be submitted to the Board's office within fifty (50) days before the examination date. For information about the exam date, please see the Board's website at: cca.hawaii.gov/pvl/boards/motorrepair/.

**BOARD'S
ADDRESS**

Mailing address:

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

**EXAMINATION
INFORMATION**

The examination is usually held in the Spring and the Fall of each year. Please see the Board's website for exam dates.

Upon approval of your application, you will be mailed confirmation showing the time and place of the examination.

POSTPONEMENT OF EXAM: Once an applicant is scheduled for an examination, only a written request for postponement will be considered. The request must be submitted **prior** to the date the applicant is scheduled for exam and only one postponement will be allowed to the subsequent exam.

NO SHOW: Should an applicant fail to show up for an exam that applicant was scheduled for, or if postponement request is denied, the exam fee will be forfeited. The applicant will be required to apply for the exam again and pay another exam fee.

RESULTS: Test results will be mailed within 2-3 weeks after completing the exam. Keep the Board informed of your current address. All address changes must be **submitted in writing**. No changes will be accepted by telephone.

**APPLICANTS WITH
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form that must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

Instructions for "YES" Answers to Questions (5), (6) and (7) of the Application for License (MVR-02)

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
 - 1. Questions (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" on page 3, AND you must submit the following:

(CONTINUED ON PAGE 3)

- 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 (5) through (7), your application will be reviewed at a Motor Vehicle Repair Industry Licensing 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.

LAWS & RULES

Keep informed of the laws and rules governing your vocation. A copy of the laws, Chapter 437, HRS, and rules, Chapter 87, HAR, relating to motor vehicle repair is available by submitting a written request to: Motor Vehicle Repair Industry Board, 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 Chapters 437 and 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 each 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.

ADDRESS CHANGES

Address changes must be reported to the Board within thirty (30) days of the change. All changes must be reported in writing.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements 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.

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 EXAM & LICENSE - MOTORCYCLE MECHANICS

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READ THE "INSTRUCTIONS & REQUIREMENTS" BEFORE COMPLETING THIS FORM.

| | | | | | | |
|--|--------------------|---------------|--|---------------------------|---|-----------------|
| Legal Name (First, Middle) | | (LAST) | | FOR BOARD USE ONLY | Initials/Date: <input type="checkbox"/> Approved | |
| Residence Address (include apt. no., city, state & zip code) | | | | | License No. MC - | Effective Date: |
| | | | | | <input type="checkbox"/> Additional Class | |
| Mailing Address (ONLY if different from residence) | | | | | Social Security No. | |
| Phone No. (days) | Phone No. (nights) | Email Address | | Date of Birth | | |

If you are licensed as a mechanic in Hawaii, give your LICENSE NUMBER & EXPIRATION DATE which are shown on your pocket license:

MC - _____ **Expires:** _____

| | | Name & Address of SCHOOL & Name of INSTRUCTOR | Major Course of Study | Program Completed? | No. of Credits | Dates (mo/yr) | |
|---|-------------------|--|--------------------------|-----------------------|-------------------|---------------|----|
| | | | | | | From | To |
| If none, write "none". If more space is needed, use a separate sheet. | EDUCATION | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Name & Address of EMPLOYER & Name of SUPERVISING MECHANIC | Description of Work | | Hrs. a Week | Dates (mo/yr) | |
| | EXPERIENCE | | | | | From | To |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| | | |
|---------------------|-----------|------------|
| Exam | 397 | \$20 |
| App | 395 | \$10 |
| Lic | 398 | \$56 |
| CRF | 396 | \$67/\$134 |
| 1/2 Ren | 390 | \$28 |
| Service Charge | BCF | \$25 |

Print Name of Applicant: _____

Date: _____

Check your answers. **If response is "Yes" to questions 5, 6, or 7, refer to 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) Do you now hold or have you ever held a motor vehicle mechanic license in another jurisdiction? YES NO
- 4) Have you ever held a license in Hawaii? YES NO
 License No: _____ Exp. date: _____
- 5) Has any license ever been suspended, revoked, or otherwise subject to disciplinary action? YES NO
- 6) Are there 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

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers and representations made on this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, and 437B-11, HRS). I further certify that I have read, understand, and agree to comply with the laws and rules of the Motor Vehicle Repair Industry Board.

Signature of Applicant

Date

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

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.

EMPLOYMENT VERIFICATION - MOTORCYCLE MECHANIC

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PART I. TO BE COMPLETED BY APPLICANT

- INSTRUCTIONS:**
1. Complete Part I only.
 2. Have supervising mechanic or qualified person complete Part II.
 3. Use one form per employer.
 4. Attach completed form to application before submitting to board.

| | |
|----------------------------|--------------------------------------|
| Name (First, Middle, Last) | Applicant's COMPLETE Mailing Address |
| Phone No. (Days) _____ | |

PART II. TO BE COMPLETED BY SUPERVISING MECHANIC

The above-named person is applying for the motorcycle mechanic's exam and license. Please certify as to your personal knowledge of the applicant's apprenticeship or mechanic's helper experience. The completed form must be returned to the applicant so it can be attached to the application. Please type or print LEGIBLY.

| Employment Date | Termination Date | Length of Employment | | Average Hours Per Week |
|-----------------|------------------|----------------------|------|------------------------|
| | | yrs. | mos. | |

Describe in detail the type and nature of work the applicant did as an apprentice or a mechanic's helper. If more space is needed, please use the back of this form.

| | |
|-----------------------------|--|
| Firm/Company Name & Address | I certify that the answers and statements on this verification are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of applicant's license and is a misdemeanor (Section 710-1017, Hawaii Revised Statutes). Print Name: _____ Signature: _____ |
|-----------------------------|--|

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|------------------------|--------|----------|-------|
| Lic. No. RD- | Phone: | Lic. No. | Date: |
|------------------------|--------|----------|-------|

THIS FORM MAY BE DUPLICATED AS NEEDED

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