APPLICATION FOR REGISTRATION - ELEVATOR MECHANIC APPRENTICE					Approved:		
Access this form via website at: cca.hawaii.gov/pvl				Date Registered:	Reg. No.: EVA -		
Instructions for Filing							
1.	Complete Section 1 by using the online fillable form or by printing <b>legibly</b> in dark ink.			FOR BOARD USE			
2.	Have the Supervising Elevator Mechanic or the Responsible Managing Employee (RME) complete Section 2.						
3.	<ol> <li><u>Attach</u> the fee of \$100 (Application - \$40 + Permit - \$60). Make check payable to: COMMERCE &amp; CONSUMER AFFAIRS (check must be in U.S. dollars and be from a U.S. financial institution). NOTE: A \$25 service charge shall be assessed for payments dishonored for any reason.</li> </ol>						
4.	Mail to:		Deliver to Office Location at:				
	Elevator Mechanic Licensing Board DCCA, PVL, Licensing Branch P.O. Box 3469	OR	335 Merchant St., Room 301 Honolulu, HI 96813				
	Honolulu, HI 96801		Phone: (808) 586-3000				

SECTION 1. To be completed by Applicant								
Legal Name (First, Middle):				(Last):				
Otł	ier names used (include maiden r	name):						
Ma	iling Address (include ant no. city	y, state, zip code - P.O. Box is not acce	ntahle):					
		, state, zip code 11.0. box is not acce						
					-			
Soc	ial Security No.:	Date of Birth:	Phone No. (days):		Email Address:			
Che	eck answers. If response is "YE	S" to Question 4, refer to instructi	ions for additional de	ocuments th	at must be submitted wit	h this appl	ication.	
1.	Are you at least 18 years of a	ıge?				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.	-	year apprentice period starts with ?	-			YES	NO	
4. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?					NO			

## (CONTINUED ON PAGE 2)

Date:
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SECTION 2. To be completed by Supervisi	ing Elevator Mechanic or RME of Contracting Firm
Name & Address of Employer:	License No.:
	EVM / CT
Description of duties to be performed by the apprentice:	
CHECK ONE:	
L certify that the statements contained in Section 2 supervision of all work performed by the apprention	2 of this application are true and correct and that I will provide direct or general ce. (Elevator Mechanic)
	2 of this application are true and correct and that I will insure that a licensed elevator on of all work performed by the apprentice. (RME of Contracting Firm)
Date	Print Name of Elevator Mechanic/RME of Contracting Firm
200	
	Signature of Elevator Mechanic/RME of Contracting Firm
Affidavit of Applicant:	
and correct. I understand that any misrepresentation i	and representations made in this application and on the documents attached are true is grounds for refusal or subsequent revocation of apprentice registration and is a Hawaii Revised Statutes and Section 16-81-29, Hawaii Administrative Rules.) I further s of Chapter 448, HRS and Chapter 81, HAR.
Signature of Applicant:	Date:
Release of Information to Third Party:	
To assist me in the permitting process, I auth (including but not limited to, application status) to the	orize the DCCA staff to release any and all information regarding my application following third party:
Print name of individual who is assisting you:	
Signature of Applicant:	Date:

(CONTINUED ON PAGE 3)

## Instructions for "YES" Answer to Question 4 of the Application for Registration (EM-04)

If your application indicates a criminal conviction, the Board requires you **<u>submit</u>** 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; and
- ii. A copy of the court order, verdict, and terms of sentence; and
- iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders; and
- iv. At least one letter of recommendation from a member of the community (no relative) who can objectively attest in writing to a firm belief that you have been sufficiently rehabilitated to warrant the public's trust; and
- 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, 465 S. King Street, Room 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 states other than Hawaii, a current criminal history record check will be required from each state <u>AND</u> Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.

Your application will be reviewed at an Elevator Mechanic's 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.

## **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.

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.