

# INFORMATION & INSTRUCTIONS FOR FILING - MOTOR VEHICLE SALESPERSON

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**LICENSED REQUIRED** - Any individual who engages in motor vehicle sales activity shall be licensed as a motor vehicle salesperson; this includes those employed in the Finance and Insurance (F & I) Department of the motor vehicle dealership (MVD).

## APPLICATION

Complete on-line fillable form, type, or print **legibly** in dark ink. Answer ALL questions and sign the application.

If you answer "Yes" to questions 5, 6, or 7, you are required to submit additional information and documents. Refer to the section on "Yes" answers on page 2.

**Have your prospective employing motor vehicle dealer complete and sign the *Employing Dealer Certification* section.**

Applicants are subject to requirements in effect at the time of filing.

- **Failure to provide all the requested information and documents 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).

## FEES

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

If applying between July 1, even-numbered years and June 30, odd-numbered years, pay .....	\$194
<i>(Application Fee - \$20* + License Fee - \$20 + CRF - \$134 + 1/2 Renewal - \$20)</i>	

If applying between July 1, odd-numbered years and June 30, even-numbered years, pay .....	\$107**
<i>(Application Fee - \$20* + License Fee - \$20 + CRF - \$67)</i>	

<b>TEMPORARY LICENSE .....</b>	<b>Include an additional \$ 20</b>
<i>(Issued to walk-in applicants upon applicant's request)</i>	

**\*Once you are licensed as a salesperson, ALL FEES PAID are non-refundable.**

**\*\*All licenses, regardless of issuance date, are subject to renewal by June 30, even-numbered years.**

(CONTINUED ON PAGE 2)

**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 fee 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.

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.

**BOARD'S ADDRESS**

Mail all required items to:

Motor Vehicle Industry Licensing Board  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

**OR**

Deliver to office location at:

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

**TEMPORARY LICENSE**

A Temporary License may be issued (**to walk-in applicants upon applicant's request**) if a **complete** application is submitted with an **additional fee of \$20.00**. An application is considered **complete** when the applicant fills out the form, answers all questions and signs the form, and the employing MVD completes and signs the "Employing Dealer Certification".

**A Temporary License shall NOT be issued to any applicant who answers "YES" to question nos. 5, 6, or 7.**

**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 written authorization. If you wish to do so, please complete the portion in **Release of Information to Third Party**, sign and date it.

**Instructions for "Yes" Answers to Questions (5), (6), and (7) of the Application for License (MOVE-01).**

- A. If you answer "Yes" to (5), (6), or (7), you must submit the following documentation with the license application. Application 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" below, **AND** you must **submit** the following:
    - i. A detailed statement **signed by you** explaining the underlying circumstances; and
    - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, proof of payment of any fines, and any other relevant documents; and
    - iii. A resume of your employment, business activities, and education since the date of the action.
    - iv. If your driver's license was subject to suspension, revocation, a Traffic Abstract must be submitted. Contact Traffic Court for this.
    - v. A letter written on the letterhead of the MVD and signed by the dealer principal in which the dealer principal states that he/she is aware of the charges and why the dealership seeks to employ you.
  2. Question 7 refers to a criminal conviction(s). If your answer is "Yes", read paragraph "B" on page 3, and you must **submit** the following for **each** conviction:
    - i. A detailed statement **signed by you** explaining the underlying 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.

(CONTINUED ON PAGE 3)

- ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each 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 (terms and conditions imposed including any court documentation evidencing completion or discharge;
- iv. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: [www.ecrim.ehawaii.gov](http://www.ecrim.ehawaii.gov) to request a "Criminal History Record Check".
- v. 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.
- vi. A letter written on the letterhead of the MVD and signed by the dealer principal, in which the dealer principal states that he/she is aware of the criminal conviction or convictions (as applicable) and why the dealership seeks to employ you.

B. If you answered "Yes" to questions (5), (6), or (7), your application will be reviewed at a 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 to the Board's address (see page 2).

**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.

**LAWS & RULES**

A copy of Chapter 437, Hawaii Revised Statutes and Chapter 86, Hawaii Administrative Rules, may be obtained by submitting a written request to: Motor Vehicle Industry Licensing Board, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. *Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.*

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Motor Vehicle Industry".

**BIENNIAL RENEWAL**

All licenses expire on June 30 of each even-numbered year and must be renewed by June 30, regardless of when the license was issued. License fees and renewal fees are not prorated.

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 - MOTOR VEHICLE SALESPERSON

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

Legal Name (First, Middle)		(LAST)
Other Names Used (Include Maiden Name)		
Residence Address (Include Apt. No., City, State & Zip Code)		
Mailing Address (ONLY if different from Residence)		
Social Security Number	Date of Birth	

Email Address

Phone Number:

**EMPLOYMENT RECORD. (Give full account of your time for the last 5 years. Include periods of unemployment, time in school & military service. Start with current or recent. If more space is needed, use a separate sheet, 8-1/2" x 11".)**

Dates (Mo/Yr)		Employer's Name & Address for last 5 years (Include periods of unemployment, school)	Nature of Employer's Business & your position title	Reason for Leaving
From	To			

Check answers. **If response to question Nos. 5, 6, or 7 is "Yes", refer to instructions for additional documents that must be submitted with this application.**

- Are you at least 18 years of age? .....  Yes  No
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.? .....  Yes  No
- Have you ever held a motor vehicle salesperson license in Hawaii? .....  Yes  No  
 License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Do you now hold or have you ever held a motor vehicle salesperson license in another jurisdiction? .....  Yes  No  
 Name of State: \_\_\_\_\_
- Has any professional or vocational license ever been suspended, revoked or otherwise subject to disciplinary action? .....  Yes  No
- Are there any disciplinary actions pending against you? .....  Yes  No
- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No

TO BE COMPLETED BY APPLICANT

FOR OFFICE USE ONLY

<input type="checkbox"/> Appl 06/13 or later	<input type="checkbox"/> 5 yrs employment record
<input type="checkbox"/> No "Yes" - 5, 6, 7	<input type="checkbox"/> Employer - current
<input type="checkbox"/> Approved	Initials/Date
Lic. No. CS -	Lic. Eff. Date
MVD -	
Temporary License shall NOT be issued to any applicant who answers "YES" to question nos. 5, 6, or 7 below.	
Temp. Lic. No.	Temp. Eff. Date

**\*\*\*SIGNATURES REQUIRED ON PAGE 2\*\*\***

Appl.....	366.....	\$20	1/2 Ren.....	330.....	\$20
Lic.....	368.....	\$20	Temp.....	385.....	\$20
CRF.....	367.....	\$67/\$134	Service Charge.....	BCF.....	\$25

Print Name of Motor Vehicle Salesperson Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

<b>TO BE COMPLETED BY APPLICANT</b>	<p><b>AFFIDAVIT OF APPLICANT:</b></p> <p>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 437-28 HRS). I further certify that I have read, understand, and agree to comply with the laws and rules of the Motor Vehicle Industry Licensing Board.</p> <p>I further certify that I shall engage in the business or negotiate for the sale of motor vehicles as an employee only for the licensed motor vehicle dealer who is designated below on this form. I understand that if I answer "Yes" to question nos. 5, 6, <u>OR</u> 7, on this form, I am not eligible to receive a temporary license.</p>
	<p>_____</p> <p style="text-align: center;">Signature of Applicant</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>

<b>TO BE COMPLETED BY EMPLOYER</b>	<p><b>EMPLOYING DEALER CERTIFICATION:</b></p> <p>I hereby certify that I am authorized to sign this certification on behalf of the motor vehicle dealer (MVD) who will be employing the above named applicant. The undersigned MVD understands that any applicant who answers "Yes" to question nos. 5, 6, <u>OR</u> 7, shall not be eligible for a temporary license.</p> <p>I also certify that the above named applicant will be employed as motor vehicle salesperson at:</p>
	<p>_____</p> <p style="text-align: center;">Address of Dealership on file with the board</p>
	<p>_____ , License no. of MVD - _____</p> <p style="text-align: center;">Name of MVD (PRINT)</p>
	<p>_____</p> <p style="text-align: center;">Signature of MVD's representative</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>
	<p>_____</p> <p style="text-align: center;">Print Name</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Position Title</p>
	<p>_____</p> <p style="text-align: center;">Mailing Address of MVD on file with the board</p>
	<p>_____</p> <p style="text-align: center;">City                      State                      Zip Code                      Phone No. of MVD</p>

**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