

# INSTRUCTIONS FOR FILING - ELEVATOR MECHANIC TEMPORARY PERMIT

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

Applicants are subject to requirements prescribed in the laws and rules of the Elevator Mechanics Licensing board, Chapter 448H, Hawaii Revised Statutes ("HRS"), and Chapter 81, Hawaii Administrative Rules ("HAR"), effective at time of application.

- **Failure to provide all the requested information will delay the processing of your application. Incomplete applications will not be accepted.**

All applicants for a temporary elevator mechanic permit shall:

1. Complete the on-line fillable application form or print **legibly** in dark ink.

## **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).

2. **Attach** fee of \$100. (*Non-refundable Application fee - \$40, Permit - \$60*). Make check payable to: "**COMMERCE & CONSUMER AFFAIRS**". (check 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.*

*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.*

3. **Submit** a statement on official letterhead from a union representative of the originating state or another competent authority, or provide documents which can verify that the applicant passed the examination given by the joint committee of the National Elevator Industry Education Program or an Elevator Constructors Union (provide specific date of passing the exam).

(CONTINUED ON PAGE 2)

4. **Submit** an "Experience Verification" form completed by your employer in another state verifying that the applicant has been employed as an elevator mechanic.

5. Mail all correspondence to:

Deliver to office location at:

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

**OR**

335 Merchant St., Room 301  
Honolulu, HI 96813

Phone: (808) 586-3000

### **GENERAL INFORMATION ON TEMPORARY PERMITS**

Temporary permits may be issued only when there is a shortage of personnel licensed under Chapter 448H, HRS.

Temporary permits will be issued for a three-month period. A **maximum** of two consecutive temporary permits may be issued to any one individual. Submit a completed application and fee of \$100.

If any temporary permittee should take the elevator mechanic exam and fail to pass the exam, the temporary permit shall be cancelled, subject to Section 16-81-24, Hawaii Administrative Rules.

#### **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.

### **Instructions for "YES" Answers to Questions (4) through (6) of the Application for Temporary Permit (EM-03)**

- A. The following documentation must be submitted with the Temporary Permit application. Applications for Temporary Permit will not be considered without this material.
1. Questions 4 and 5 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, read paragraph "B" on page 3, **AND** you must **submit** the following:
    - 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; and

(CONTINUED ON PAGE 3)

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; 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](http://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 **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 questions (4) through (6), your application will be reviewed at an Elevator Mechanic 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 AND RULES**

Copies of the Board's laws, Chapter 448H, Hawaii Revised Statutes and rules, Chapter 81, Hawaii Administrative Rules are available by submitting a written request to the address above. 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 available on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Elevator Mechanic". Then on "Statute/Rule Chapter".

**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 TEMPORARY PERMIT - ELEVATOR MECHANIC

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

Legal Name (First, Middle):	(Last):	<b>FOR OFFICE USE ONLY</b>	<input type="checkbox"/> APPROVED	Initials/Date:
Other Names Used (include maiden name):			<input type="checkbox"/> DENIED	Temp. Permit No.:
Residence Address (include apt. no., city, state & zip code):			Effective Date:	Expiration Date:
Mailing Address ( <b>ONLY</b> if different from residence):				
Social Security No.:	Date of Birth:	Email Address:	Phone No. (days):	

## SECTION I: TO BE COMPLETED BY APPLICANT

**Experience in other state (use on-line fillable form OR print legibly):**

a. Name of last employer in other state: \_\_\_\_\_

b. Employer's address: \_\_\_\_\_

c. Employer's telephone number (include area code): \_\_\_\_\_

d. Number of years of experience in elevator industry: \_\_\_\_\_

e. Did you qualify as an elevator mechanic by passing the examination given by the joint committee of the National Elevator Industry Education Program or an Elevator Constructor's Union? \_\_\_\_\_

What year did you qualify? \_\_\_\_\_

If not, explain how license was obtained: \_\_\_\_\_

\_\_\_\_\_

f. Description of duties performed: \_\_\_\_\_

\_\_\_\_\_

Check answers. If response is "YES" to questions 4 to 6, 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. Have you ever held an elevator mechanic's license in any state of the United States? .....  YES  NO

State licensed: \_\_\_\_\_ Date licensed: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(CONTINUED ON PAGE 2)



Print Name of Applicant: \_\_\_\_\_

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

**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 misrepresentation is grounds for refusal or subsequent revocation of my temporary permit and is a misdemeanor (Section 710-1017, Section 436B-19, Hawaii Revised Statutes and Section 16-81-29, Hawaii Administrative Rules). I further certify that I have read, understand, and agree to comply with the laws and rules for elevator mechanics.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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 (including, but not limited to application status) to the following third party:

Print name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

# EXPERIENCE VERIFICATION (OUTSIDE OF HAWAII) - TEMPORARY ELEVATOR MECHANIC PERMIT

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

## Instructions:

1. This form is to be completed by your out-of-state employer verifying your experience as an elevator mechanic.
2. Use typewriter if available or print **legibly** in dark ink.
3. Attach the completed form to your application and:

Mail to the Board's office:

Elevator Mechanics 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

- **Failure to provide the requested information will result in this form being returned to you for completion.**

Legal Name of Applicant: (First-Middle-Last)	Effective Date of Employment	Termination Date	Total length of Service <u>years</u> <u>months</u>
Supervisor's Name (First-Middle-Last)		Supervisor's License No.	
<b>DESCRIBE IN DETAIL</b> the type of elevator mechanic work performed by the applicant in specific areas:			Hours a week in specific area
Print Employer's Name:		Print Out-of-State Employer's Address and Phone No. (days):	

Certification of person completing this form:

I hereby certify that the experience verified for this applicant and the statements made in this experience verification form and any accompanying documents are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of this applicant's temporary permit and is a misdemeanor (Section 710-1017, Section 436B-19, Hawaii Revised Statutes and Section 16-81-29, Hawaii Administrative Rules).

\_\_\_\_\_  
Signature of Out-of-State Supervising Elevator Mechanic

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Out-of-State Supervising Elevator Mechanic

\_\_\_\_\_  
Title