

APPLICATION FOR ADDITIONAL CLASSIFICATION - CONTRACTORAccess this form via website at: cca.hawaii.gov/pvl**READ FILING INSTRUCTIONS BEFORE COMPLETING THIS FORM.**Name of Applicant (First, Middle, Last OR name of Corporation/Partnership/JV/LLC/LLP):

Business/Residence Address (include apt. no., city, state & zip code):

Mailing Address (ONLY if different from above):

Social Security No. OR Federal Employer I.D. No.:

Phone No. (days):

FOR OFFICE USE ONLY

License No.

Effective Date:

CLASS(ES):

Check only one:

☐ Individual (sole owner)☐ Corporation☐ Partnership☐ Joint Venture (JV)☐ Limited Liability Company (LLC)☐ Limited Liability Partnership (LLP)☐ Responsible Managing Employee (RME)

License No.: _____

Class(es) Held:

Classification requesting (check):

☐ "A" - General Engineering Contracting☐ "B" - General Building Contracting☐ "C" - Specialty Contracting. Indicate classification(s):

If applicant is a corporation, partnership, JV, LLC, LLP, provide:

Name of RME: _____

License No.: _____

If applicant is a Responsible Managing Employee (RME), provide:

Name of employing firm: _____

License No.: _____

Applicants for the C-19 ASBESTOS classification are required to submit approved proof of training. Refer to the information/instructions page.

	Employer (if self-employed, so state)	Description of Work in Detail	Dates (mo/yr)	
			From	To
RME APPLICANTS ONLY	Name:			
	Address:			
	Name:			
	Address:			

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

RME APPLICANTS ONLY (cont'd)	List Names of five (5) major projects you have supervised in classification being requested. Attach additional sheets, if needed.
	1) _____
	2) _____
	3) _____
	4) _____
	5) _____
	Outline scope of work performed by you as a supervisor:

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made in 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, Sections 436B-19 and 444-17), Hawaii Revised Statutes.

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 444 and Hawaii Administrative Rules, Chapter 77.

Applicant's Signature

Date

Print Applicant's Name

Applicant's Title

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: _____

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.

FILING INSTRUCTIONS FOR: ADDITIONAL CLASS - CONTRACTOR

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CONTRACTING ENTITY APPLYING FOR ADDITIONAL CLASS(ES)

RME/ENTITY APPOINTMENT

Contracting Entity:

Submit a letter confirming RME employment.

RME:

Submit a letter confirming employment with the contracting entity. IF the RME will be the RME for more than one contracting entity ("dual status"), submit documentation verifying one of the following requirements:

- 1) Common ownership if at least fifty-one percent of each contracting entity (Documentation of ownership includes, but is not limited to, tax returns (Schedule C or Form 1065 for LLCs, Schedule K-1 or Form 1125E for Corporations); Stock Certificates; Business Registration documents (for single member LLC's only); or Operating agreement.);
- 2) A contracting entity is a subsidiary or joint venture with the other contracting entity;
- 3) Direct immediate family relationship between the RME and the officers, directors, members, managers or partners of the other contracting entity; or
- 4) Direct immediate family relationship between the officers, directors, members, managers and partners of all contracting entities for which the individual acts as the RME.

EXPERIENCE REQUIRED FOR RMEs APPLYING FOR ADDITIONAL CLASS(ES)

A minimum of 4 years of supervisory experience within the past 10 years immediately preceding the filing of an application is required.

Experience Certificates:

Submit not less than 3 notarized certificates in support of supervisory experience with application. If applying for more than one classification, submit at least one experience certificate for each classification. *(No two certificates in the same classification shall be from the same person.)* Inform the person completing your experience certificate that they must describe in detail your experience performing on-site supervision and direction of employees in the classification you are applying for.

Chronological History of Projects Form ("Project List"):

Submit a Project List as documentation of the applicant's previous supervisory work experience. Use as many pages as necessary to verify your four (4) years of supervisory experience. The Project List may be duplicated and is available on the Contractor License Board's website at:

http://cca.hawaii.gov/pvl/boards/contractor/application_publication. Click on "Chronological History of Projects Form".

Submit a separate Project List **for each classification** the applicant intends to engage. Only include work experience performing on-site supervision and direction of employees.

Please ensure that the Project List is filled out completely (provide information in each column of the form) and that it includes the following:

- A description of your supervisory work experience performed in-house, with your own crew; and work or trades that were subcontracted to other contractors; and the means and methods of each project listed.
- The "Contract Amount" stated should be commensurate with information stated in the "Detailed Description of the Work You Supervised".
- The "Amount of Supervisory Experience" should only include the actual amount of time spent on-site supervising your own crew. Do not include time spent for design, ordering materials, scheduling of downtime for rain-outs or waiting for delivery of materials.

**EXPERIENCE
REQUIRED FOR
RMEs APPLYING
FOR ADDITIONAL
CLASS(ES)
cont'd**

Applicants who possess licensed experience in another state should provide proof of licensure, but will still be required to submit not less than 3 certificates in support of supervisory experience and the Project List.

Certain technical training may be approved as acceptable experience, but in no case shall the training count for more than one year of experience.

ASBESTOS CONTRACTOR

RMEs applying to do asbestos application, enclosure, removal, encapsulation, renovation, repair, demolition or other disturbances of friable asbestos or asbestos containing material shall meet all requirements with the exception of experience.

In lieu of experience, the RME shall submit proof of successful completion of a 4-day Environmental Protection Agency (EPA) or Board approved asbestos training course within two years prior to filing the application.

FEE

ATTACH fee of \$50.00. 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.

**FINANCIAL
STATEMENT**

If applying from a specialty classification to an "A" (General Engineering) classification or a "B" (General Building) classification, **submit** a **current (not more than a year old)** COMPILED, REVIEWED, OR AUDITED financial statement **accompanied by an independent accountant's report**. The accountant must be a licensed or certified public accountant holding a current permit to practice. If the accountant is licensed in another state, **provide** a **copy of the license**.

For COMPILED and REVIEWED financial statements: Applicant is required to sign the Board's Financial Statement Form whether or not your CPA uses the Board's Financial Statement Form. (NOT applicable to a RME applicant).

**FILING
DEADLINE**

Applications must be in our Honolulu office on or before the first Tuesday of the month prior to the scheduled meeting date. ALL required documents must be attached to this application at the time of filing. Incomplete/irregular applications will not be accepted. Failure to provide all requested information will delay the process of your application.

**BOARD'S
ADDRESS**

Mail to:

Contractors License 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

EXAMINATION

The contractors licensing examinations are given by a professional testing service, Prometric.

Applicants, upon approval by the Board, will be provided with examination registration forms. Applicants must mail the registration forms, together with the appropriate examination fees, directly to Prometric.

Questions regarding the examination and study material should be directed to the testing service at (808) 261-8182 or visit their website at: www.prometric.com/hawaii.

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.

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.

ATTENTION: CONTRACTORS APPLYING FOR ELECTRICAL OR PLUMBING RELATED CLASSIFICATIONS

Please be advised that in order to perform electrical or plumbing work in Hawaii, an individual must be licensed as an electrician (e.g. ES or EJ) or plumber (e.g. PM or PJ).

IF the contracting entity's responsible managing employee, which includes a sole proprietor, is not licensed as an electrician or plumber in accordance with HRS Chapter 448E, the contracting entity must employ a licensed electrician or plumber in accordance with HRS Chapter 448E to actually perform the electrical or plumbing work. (Refer to Hawaii Revised Statutes, Section 444-9.5 and Chapter 448E.) **YOU MAY NEED THIS TYPE OF LICENSE TO GET A BUILDING PERMIT.**

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THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Classification requesting (check one only):

☐ C -☐ NO

CT-03 1017R

Print Name of Applicant: _____

Date: _____

Section 444-30, HRS, of the contractors license law provides that: Any person or his agent who files with the Contractors License Board any notice, statement, or other document required under the provisions of the contractors license law, which is false or untrue or contains any material misstatement of fact is guilty of a misdemeanor.

Certification of Person Completing this form:

I, _____ hereby certify that I have personally known the person
(Print name of certifier)
named as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed; and, all other statements and answers given here are true and correct.

Date: _____

Signature of the Certifier in front of Notary Public

Print Your Name: _____

Address of Certifier: _____

Contractor's Lic. No. ENTITY: _____ Contractor's Lic. No. RME: _____

Licensed Classifications of Certifier: _____ State: _____

Home Phone No.: () _____ Business Phone No.: () _____

<i>Subscribed and sworn to before me this</i>	
_____ day of _____	A.D. 20 ____ .
<i>Notary Signature:</i> _____	
<i>Notary Public, State of:</i> _____	
<i>My commission expires:</i> _____	
<i>Print Name:</i> _____	

<i>Doc. Date:</i> _____	<i>No. of Pages:</i> _____
<i>Notary Name:</i> _____	<i>Circuit Court:</i> _____
<i>Doc. Description</i> _____	

<i>Notary Signature:</i> _____	
<i>Date:</i> _____	

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, PLEASE RETURN IT TO THE APPLICANT SO THE APPLICANT CAN ATTACH IT TO THE APPLICATION.

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.

COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made by describing in detail the applicant's experience performing on-site supervision and direction of employees in the classification the applicant is applying for.

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "*Personnel of Record*" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, PLEASE RETURN IT TO THE APPLICANT SO THE APPLICANT CAN ATTACH IT TO THE APPLICATION.

CONTRACTORS FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of _____, 20____ (not more than one year old) is for:

Name of Applicant: _____
(Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP)

Note: The name listed on this financial statement must be exactly the same name listed on your application under "Name of Applicant".

ASSETS:

CURRENT ASSETS:

Cash (include checking account) \$ _____
Savings Account _____
Time certificates (within 1 year) ... _____
Deposit with bids _____
TOTAL CASH \$ _____
Accounts receivable (completed contracts) _____
Earned estimated & retainage (uncompleted contracts) _____
Other accounts receivable _____
Work in progress (unbilled) _____
Notes receivable _____
Stocks and bonds _____
Life insurance (cash value) _____
Other current assets _____
TOTAL CURRENT ASSETS \$ _____

OTHER ASSETS:

Material in stock (not included in any items above) \$ _____
Inventory or other materials _____
Other assets _____
TOTAL OTHER ASSETS \$ _____

FIXED ASSETS:

Equipment at net book value \$ _____
Real estate _____
Furniture and fixtures at net book value _____
Tools _____
Other fixed assets _____
TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS \$ _____

(SIGNATURE OF APPLICANT REQUIRED ON PAGE 2)

LIABILITIES:**CURRENT LIABILITIES:**Notes payable (*due within one year*):

To banks regular \$ _____

To material men _____

To other (*exclusive of Equipment*).... _____

TOTAL NOTES PAYABLE..... \$ _____

Accounts payable:

Subcontractors..... \$ _____

Material men..... _____

Others..... _____

TOTAL ACCOUNTS PAYABLE..... \$ _____

Current maturities (*long-term debt*)..... \$ _____

Accrued payrolls..... _____

Federal and state income tax..... _____

Payroll taxes (*including F.I.C.A.
S.U.I. and income taxes withheld*)..... _____

Other accrued taxes, interest, etc..... _____

Encumbrances on equipment (*due within 1 year*)..... _____Other Current Liabilities (*specify*):

TOTAL CURRENT LIABILITIES..... \$ _____

LONG-TERM LIABILITIES:Long-term debt (*less portion due within one year*).... \$ _____Encumbrances on equipment (*due after 1 year*)..... _____

Encumbrances on real estate..... _____

Billings in excess of cost on uncompleted contracts.. _____

Other long-term liabilities (*specify*):

TOTAL LONG-TERM LIABILITIES..... \$ _____

TOTAL LIABILITIES..... \$ _____

Financial Statement as of _____, 20____ (**not more than one year old**) is for:

Name of Applicant: _____

(*Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP*)**NET WORTH:**Capital stock (*if corporation, show shares
authorized, issued-par value*)..... \$ _____

Surplus..... _____

TOTAL NET WORTH..... \$ _____

TOTAL LIABILITIES AND NET WORTH..... \$ _____

**THE STATEMENT BELOW MUST BE
SIGNED BY THE APPLICANT, WHETHER
CPA USES THIS FORM OR HIS OWN.****FINANCIAL STATEMENT MUST BE
COMPILED, REVIEWED OR AUDITED
AND ACCOMPANIED BY AN
INDEPENDENT ACCOUNTANT'S
REPORT.****For compiled and reviewed financial statements: This statement must be signed, whether CPA uses this form or his own.**I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I certify that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (*Sec. 710-1017, Sections 436B-19, and 444-17, Hawaii Revised Statutes*).

SIGNATURE OF APPLICANT: _____

TITLE (*owner, president, etc.*): _____

See accompanying independent accountant's report. The undersigned has no interest in the above enterprise.

SIGNATURE OF C.P.A. or P.A.: _____

LICENSE NO.: _____

PRINT NAME: _____

STATE: _____

SHALL BE PREPARED AND SIGNED BY A LICENSED PUBLIC ACCOUNTANT (PA) OR CERTIFIED PUBLIC ACCOUNTANT (CPA) HOLDING A CURRENT PERMIT TO PRACTICE. IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF A CURRENT LICENSE. Note: Financial Statements prepared by bookkeepers and tax preparers are not acceptable.

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.