

REQUIREMENTS FOR LICENSE - CONTRACTOR

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

ENTITY - Corporation, Partnership,
Joint Venture, LLP or LLC

Briefly, the requirements for a license are:

- 1) Registration with the Business Registration Division;
- 2) Have a good reputation for honesty, truthfulness, financial integrity and fair dealing;
- 3) Have liability and workers' compensation insurance; and
- 4) Have in your employ a licensed individual who is designated Responsible Managing Employee (RME).

This is the general licensure process and what you may expect after filing an application:

- 1) Applicant files application, fee and other required items on or before the first Tuesday of the month.
- 2) Board reviews complete applications the following month.
- 3) Board notifies applicant of approval/disapproval/deferral.
- 4) Approved applicant's RME registers with a separate testing agency for exam, if applicable.
- 5) RME takes exam the following month.
- 6) Upon RME passing the exam, Board notifies applicant of license requirements.
- 7) Applicant submits license requirements.
- 8) Board issues license to applicant.
- 9) Maintain license.

APPLICATION FILING DEADLINE

*Application, fee and all supporting documents to be presented to the Board must be received in the Board's Honolulu office **on or before the first Tuesday of the month prior to the scheduled meeting date**. The Board is scheduled to meet once a month, except for the month of December. Refer to the schedule for all dates at: cca.hawaii.gov/pvl/boards/contractor/meeting_schedule/*

Each application must be submitted with the following items for consideration by the Board: **FAXED or EMAILED COPIES WILL NOT BE ACCEPTED.**

Application fee
Financial statement
Credit reports of each officer/partner/manager/member
Tax clearance
Trade name registration, if applicable
RME appointment
Entity registration

INSTRUCTIONS FOR FILING

APPLICATION

Complete **all** pages of the application.

Failure to provide all the requested information will delay the processing of your application.

An entity (corporation, partnership, joint venture, LLC or LLP) cannot be issued a license without having in its employ a principal responsible managing employee (RME). The RME must file a separate application form if not already licensed.

FEES

Attach the \$50 non-refundable application fee for each application filed. Additional fees will be assessed after board approval. Make checks payable to: COMMERCE AND 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.

ASBESTOS CONTRACTOR

The contracting entity (corporation, partnership, joint venture, LLC or LLP) shall submit proof of successful completion by the RME, and all asbestos abatement employees of the contracting entity, of Environmental Protection Agency (EPA) or board approved asbestos training courses. RMEs shall have taken a 4-day course; abatement workers shall have taken a 3-day course within two years prior to filing the application.

FINANCIAL STATEMENT

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.

CREDIT REPORT

Submit a current and complete credit report for each officer, partner, manager, or member, (from a credit reporting agency **issued not more than 6 months ago**) covering at least the previous 5 years. If a partner or member is a business entity, submit credit reports on the entity's officers or the business entity's credit report (i.e. Comprehensive Dun & Bradstreet report) covering at least the previous 5 years.

A complete credit report must contain, at minimum, detailed account information on each of your current and past debts, the status of those debts, whether you are current or delinquent in paying any of those debts, and the existence or not of any public records. A credit report that only provides a summary or a credit score is not a complete credit report. For more information on credit reports, please go to the Federal Trade Commission's website at: <https://www.consumer.ftc.gov/articles/0155-free-credit-reports> or go to www.ftc.gov and enter "credit report" in the search box.

TAX CLEARANCE

Submit a current Hawaii State Tax Clearance (**issued not more than 6 months old**) with an **original** State Department of Taxation stamp. *(Not applicable to corporations, partnerships, joint ventures, LLCs or LLPs registered in Hawaii less than 1 year).*

TRADE NAME

If you are planning to use a trade name, **submit** a filed-stamped copy of **current** trade name registration approved by the Business Registration Division of the Department of Commerce and Consumer Affairs.

ENTITY REGISTRATION: CORPORATION/ PARTNERSHIP LLC or LLP

All entities must be properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810. *(Please call them for the proper forms at (808) 586-2727) or visit their website at: cca.hawaii.gov/breg to order Certificates of Good Standing, forms, etc.*

If the entity has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a current "Certificate of Good Standing" issued not more than 1 year ago.

RME/ENTITY APPOINTMENT

RME not licensed in Hawaii: RME must submit a Responsible Managing Employee application.

RME licensed in Hawaii: Have RME submit a letter confirming employment with applicant and confirming termination of employment with former employer or request to be the RME for both contracting entities ("dual" status). IF requesting dual status, provide 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);

(CONTINUED ON PAGE 3)

**RME/ENTITY
APPOINTMENT
cont'd**

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.

If the applicant does not request to be licensed with **all** of the RME's active classes, those classes will be placed on inactive status.

Sole proprietor licensed in Hawaii and incorporating, forming a partnership, LLC or LLP: **Submit** a letter with the application stating change in status from sole proprietor to RME of new entity. After licensure, both the entity and RME licenses must be maintained.

LAWS & RULES

A copy of the Contractors laws and rules may be obtained by submitting a written request to: Contractors License Board, DCCA, P.O. Box 3469, Honolulu, Hawaii 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 available on our website at: cca.hawaii.gov/pvl. Click on "Contractors". Then click on "Statute/Rule Chapter".

BOARD'S ADDRESS

Mail the completed application, proper fee amount and other required documents to:

Contractors License Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

**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.

(CONTINUED ON PAGE 4)

CLASSIFICATIONS AS LISTED IN CHAPTER 77
HAWAII ADMINISTRATIVE RULES

"A"	General Engineering
"B"	General Building
C-1	Acoustical and insulation contractor;
C-2	Mechanical insulation contractor;
C-3	Asphalt paving and surfacing contractor;
C-3a	Asphalt concrete patching, sealing, and striping contractor;
C-3b	Play court surfacing contractor;
C-4	Boiler, hot-water heating, and steam fitting contractor;
C-5	Cabinet, millwork, and carpentry remodeling and repairs contractor;
C-5a	Garage door and window shutters contractor;
C-5b	Siding application contractor;
C-6	Carpentry framing contractor;
C-7	Carpet laying contractor;
C-9	Cesspool contractor;
C-10	Scaffolding contractor;
C-12	Drywall contractor;
C-13	Electrical contractor;
C-14	Sign contractor;
C-15	Electronic systems contractor;
C-15a	Fire and burglar alarm contractor;
C-15b	Telecommunications contractor;
C-16	Elevator contractor;
C-16a	Conveyor systems contractor;
C-17	Excavating, grading, and trenching contractor;
C-19	Asbestos contractor;
C-20	Fire protection contractor;
C-20a	Fire repressant systems contractor;
C-21	Flooring contractor;
C-22	Glazing and tinting contractor;
C-22a	Glass tinting contractor;
C-23	Gunite contractor;
C-24	Building moving and wrecking contractor;
C-25	Institutional and commercial equipment contractor;
C-27	Landscaping contractor;
C-27a	Hydro mulching contractor;
C-27b	Tree trimming and removal contractor;
C-31	Masonry contractor;
C-31a	Cement concrete contractor;
C-31b	Stone masonry contractor;
C-31c	Refractory contractor;
C-31d	Tuckpointing and caulking contractor;
C-31e	Concrete cutting, drilling, sawing, coring, and pressure grouting contractor;
C-32	Ornamental, guardrail, and fencing contractor;
C-32a	Wood and vinyl fencing contractor;
C-33	Painting and decorating contractor;
C-33a	Wall coverings contractor;
C-33b	Taping contractor;
C-33c	Surface treatment contractor;
C-34	Soil stabilization contractor;

(CONTINUED ON PAGE 5)

C-35 Pile driving, pile and caisson drilling, and foundation contractor;
 C-36 Plastering contractor;
 C-36a Lathing contractor;
 C-37 Plumbing contractor;
 C-37a Sewer and drain line contractor;
 C-37b Irrigation and lawn sprinkler systems contractor;
 C-37c Vacuum and air systems contractor;
 C-37d Water chlorination and sanitation contractor;
 C-37e Treatment and pumping facilities contractor;
 C-37f Fuel dispensing contractor;
 C-38 Post tensioning contractor;
 C-40 Refrigeration contractor;
 C-40a Prefabricated refrigerator panels contractor;
 C-41 Reinforcing steel contractor;
 C-42 Roofing contractor;
 C-42a Aluminum and other metal shingles contractor;
 C-42b Wood shingles and wood shakes contractor;
 C-42c Concrete and clay tile contractor;
 C-42e Urethane foam contractor;
 C-42g Roof coatings contractor;
 C-43 Sewer, sewage disposal, drain, and pipe laying contractor;
 C-43a Reconditioning and repairing pipeline contractor;
 C-44 Sheet metal contractor;
 C-44a Gutters contractor;
 C-44b Awnings and patio cover contractor;
 C-48 Structural steel contractor;
 C-48a Steel door contractor;
 C-49 Swimming pool contractor;
 C-49a Swimming pool service contractor;
 C-49b Hot tub and pool contractor;
 C-51 Tile contractor;
 C-51a Cultured marble contractor;
 C-51b Terrazo contractor;
 C-52 Ventilating and air conditioning contractor;
 C-53 Miscellaneous retail products;
 C-54 Interior design;
 C-55 Waterproofing contractor;
 C-56 Welding contractor;
 C-57 Well contractor;
 C-57a Pumps installation contractor;
 C-57b Injection well contractor;
 C-60 Solar power systems contractor;
 C-61 Solar energy systems contractor;
 C-61a Solar hot water systems contractor;
 C-61b Solar heating and cooling systems contractor;
 C-62 Pole and line contractor;
 C-62a Pole contractor,
 C-63 High voltage electrical contractor; and
 C-68 Classified specialist.

(CONTINUED ON PAGE 6)

LICENSE REQUIREMENTS

Upon Receiving Board Approval

WORKERS' COMPENSATION INSURANCE

Workers' Compensation - Submit a certificate of workers' compensation insurance from an insurance company authorized to do business in this State, and a statement from the insurance carrier that the board will be notified of any withdrawal, termination, or cancellation of the insurance.

Single member, member managed LLC's with **NO** employees may file a form prescribed by the board, in lieu of workers' compensation insurance.

Corporations may file a form prescribed by the board in lieu of workers' compensation insurance WHEN the RME owns at least 50% of the corporation and there are NO OTHER EMPLOYEES.

Joint Ventures must file workers' compensation certificates.

LIABILITY AND PROPERTY DAMAGE INSURANCE

Submit a certificate of insurance from an insurance company or agency authorized to do business in this State, showing full policy coverage of the applicant for comprehensive bodily injury and property damage liability with the following minimum limits of liability:

Bodily Injury Liability	\$100,000	each person
	\$300,000	each occurrence
Property Damage Liability	\$ 50,000	each occurrence

OUT-OF-STATE CONTRACTORS: The Board will accept **liability** insurance from a non-admitted carrier, if the producer qualifies for an exemption under HRS §431:9A-104(b)(6).

PLACE OF BUSINESS

A licensed contractor shall have and maintain a definite place of business where the licensee may be served notice and legal process in the State and shall display therein the contractor's license. Post Office Box number is not accepted as a place of business.

FEES

License fees will be due. Specific amounts will be given at the appropriate time.

ENTITY-RME DEPENDENCY

A corporation, partnership, joint venture, LLC or LLP cannot be issued a license without having in its employ a responsible managing employee (RME). The entity must file a separate application from the RME and both must pay separate fees in order to be licensed.

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 also obtain an electrician (i.e. ES or EJ) or plumber (PM or PJ) license. IF your RME is not licensed as an electrician or plumber in accordance with Chapter 448E, you must employ a licensed electrician or plumber 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.**

(CONTINUED ON PAGE 7)

MAINTAINING THE LICENSE

MAINTAIN INSURANCE

Maintain continuous insurance coverage throughout licensure and keep on file in the board's office evidence of such coverage.

Failure to maintain continuous liability and workers' compensation coverages causes automatic forfeiture of license, and if continuous coverage is not reinstated within sixty (60) days, shall require the entity and RME to apply as a new applicant.

Please inform your insurance agent that using the Insurance Certificate Electronic Online Submittal System at: pvl.hawaii.gov/inikua/public/welcome.html provides faster processing of your contractor insurance certificates.

ENTITY-RME DEPENDENCY

If for any reason the Responsible Managing Employee leaves the contracting entity, the contracting entity must notify the Board within 60 days. Within 90 days of the RME leaving the contracting entity, the contracting entity must (1) file an application to qualify a new RME, (2) appoint an appropriately licensed RME, or (3) file an application to place the license on inactive status. Failure to notify the board and apply for a new RME or place the license on inactive status within the required time period causes the license to be **FORFEITED** automatically.

PLACE OF BUSINESS

Maintain a place of business.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, are subject to renewal by **September 30 of each even-numbered year**. To ensure receipt of a renewal application, keep the board informed of your address. Applications are sent by mail before August 15, of each even-numbered year. Licenses not renewed by September 30 are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. Restorations of forfeited licenses are accepted until November 30 of the even-numbered year with a penalty fee. After November 30, restoration is not accepted and a new application for a license is required.

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.

APPLICATION FOR CONTRACTOR'S LICENSE - ENTITY

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

<p>INSTRUCTIONS - To avoid delay read all instructions carefully.</p> <p>Each applicable question must be fully and truthfully answered. Any material misrepresentation is grounds for refusal or subsequent revocation of license.</p> <p>Attach sheets to this application when so instructed or where the space provided for the answer is not sufficient.</p> <p>Answer all questions. No license will be considered until this application is completed. If a question is not applicable, indicate with "N/A".</p> <p>Applications must be printed legibly in black ink or typewritten.</p> <p>The required \$50.00 application fee must be attached and submitted with this application form.</p>	FOR BOARD USE ONLY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Lic. No.</td> <td style="width: 50%; padding: 2px;">Eff. Date:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">CLASS(ES):</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table>	Lic. No.	Eff. Date:	CLASS(ES):			
Lic. No.	Eff. Date:							
CLASS(ES):								

(A) Indicate the type of application being made:

☐ Corporation
 ☐ Partnership
 ☐ LLC
 ☐ LLP
 ☐ Joint Venture

(B) **Name of Applicant:** _____
(Name of corporation, partnership, joint venture, LLC or LLP as registered with BREG)

- Name of Responsible Managing Employee (RME): _____
- License No.: _____ or Date Applied for License: _____

(C) Trade Name or Business Name (if any): _____

(D) Phone: (days) (_____) _____ **Federal Employer Identification No.:** _____

(E) • Mailing Address: _____
(Street address or P.O. Box, City, State, Zip Code)

• Hawaii Business Address: _____
(Street address, City, State, Zip Code - P.O. Box is not acceptable)

(F) <u>PERSONNEL OF APPLICANT</u> - if applicant is:	Provide information on:
a CORPORATION a LIMITED LIABILITY COMPANY (LLC) a PARTNERSHIP/JOINT VENTURE/LLP	all the OFFICERS and the RME all the MANAGERS/MEMBERS and the RME all the PARTNERS and the RME

Full Name (First, Middle, Last)	Title/Position	Residence Address <i>(Give Location - P.O. Box not acceptable)</i>

(G) Set forth in detail the kind of contracting business in which the applicant intends to engage: _____	FOR OFFICE USE ONLY
(H) Classification(s) requested (_____) <div style="display: flex; justify-content: space-between;"> Symbol - See list Name of classification </div>	<input type="checkbox"/> Financial Statement <input type="checkbox"/> Tax Clearance <input type="checkbox"/> BREGS <input type="checkbox"/> RME Appointment

(CONTINUED ON PAGE 2)

Appl..... 115..... \$ 50	Entity: Lic..... 116..... \$260	1/2 Ren..... 100..... \$ 95
	RF..... 908..... \$150	Service Charge..... BCF..... \$ 25
	EF..... 909..... \$ 10	
	CRF..... 117..... \$ 74/\$148	

Print Name of Applicant: _____

(Name of Corporation, Partnership, Joint Venture, LLC or LLP)

(I)

EACH QUESTION MUST BE ANSWERED

1. Has the entity previously applied for a Hawaii State contractor's license? ☐ Yes ☐ No
If "Yes", state month and year _____
2. Provide name, classification, number, date and copy of each contractor's license previously held in any state by the applicant, any person listed under "Personnel of Applicant", or by any organization in which any such person was a co-partner or corporate officer, manager, or member.

3. Has any person listed under "Personnel of Applicant", been affiliated with a contracting entity whose license has been terminated due to issuance of a court order authorizing payment from the Contractors Recovery Fund of this state or any other state? ☐ Yes ☐ No
If "Yes", submit a detailed statement giving the date of the order and circumstances leading up to issuance of the court order.
4. Has the applicant, any person listed under "Personnel of Applicant", or any construction organization in which any such person was a member of the personnel, had a contractor's license or any professional or vocational license denied, fined, suspended or revoked by this state or any other state? ☐ Yes ☐ No
If "Yes", attach a detailed statement signed by you.
(For the purpose of this question, "denied" does not mean that one has previously failed an examination.)
5. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by the applicant, any person listed under "Personnel of Applicant", or any construction organization in which any such person was a member of the personnel? ☐ Yes ☐ No
If "Yes", attach a detailed statement signed by you.
6. Are there now any unpaid past due bills or claims for labor, materials, or services, outstanding and unsatisfied, as a result of the operations of the applicant, any person listed under "Personnel of Applicant", or any construction organization in which any such person was a member of personnel? ☐ Yes ☐ No
If "Yes", attach a detailed statement signed by you.
7. Are there now any liens, suits, or judgments of record or pending, outstanding and unsatisfied, as a result of the operations of the applicant, any person listed under "Personnel of Applicant", or any construction organization in which any such person was a member of the personnel? ☐ Yes ☐ No
If "Yes", attach a detailed statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason; a resume of employment and business activities; and copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other documents.
8. Has the applicant, any person listed under "Personnel of Applicant", or any construction organization in which any such person was a member of the personnel ever been adjudicated as bankrupt, or is presently in the process of bankruptcy proceedings? ☐ Yes ☐ No
If "Yes", attach a detailed statement giving the number of bankruptcy proceedings, the location of the bankruptcy court, a schedule of creditors listed in the bankruptcy petition, the approximate date of the action and a statement of the final action upon the proceedings.
9. Has the applicant, any person listed under "Personnel of Applicant", or any construction organization in which any such person was a member of the personnel ever made an assignment of assets, either voluntary or otherwise, in settlement of construction obligations for less than the total amount of the indebtedness? ☐ Yes ☐ No
If "Yes", attach a detailed statement listing names and addresses of all creditors and losses they sustained.
10. Has any person listed under "Personnel of Applicant" ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ Yes ☐ No
If "Yes", attach 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, periods of employment, employer's name, description of duties, and training attended. Also, attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____
(Name of Corporation, Partnership, Joint Venture, LLC or LLP)

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.

Partner, officer of a
Corporation, manager or member of LLC

Date

Signature
Title: _____

Date

Signature
Title: _____

Date

Signature
Title: _____

Date

Signature
Title: _____

Release of Information to Third Party:

To assist me in the licensing process, I authorize the Department of Commerce and Consumer Affairs 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

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.