

REQUIREMENTS FOR LICENSE - CONTRACTOR

SOLE PROPRIETOR

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

Briefly, the requirements for a license are:

- 1) Be not less than 18 years of age;
- 2) Have a good reputation for honesty, truthfulness, financial integrity and fair dealing;
- 3) Have 4 years of supervisory experience within the past 10 years;
- 4) Pass an examination in the appropriate classification; and
- 5) Have liability and workers' compensation insurance.

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 registers with a separate testing agency for exam and pays testing agency exam fees.
- 5) Applicant takes exam the following month.
- 6) Upon 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.**

1. Application fee;
2. Trade name registration, if applicable;
3. Experience certificates;
4. Chronological History of Projects form ("Project List");
5. Financial statement;
6. Credit report; and
7. Tax clearance.

INSTRUCTIONS FOR FILING

APPLICATION

Complete **all** pages of the application.

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

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.

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.**

(CONTINUED ON PAGE 2)

(cont'd)
**SOCIAL
SECURITY
NUMBER**

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 \$50 non-refundable application fee for each application filed. Additional fees will be assessed after Board approval and passage of the examination. 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.

EXPERIENCE

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".

(CONTINUED ON PAGE 3)

**CHRONOLOGICAL
HISTORY OF
PROJECTS FORM
("PROJECT LIST")
cont'd**

- 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.

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

Sole Proprietor or 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 Sole Proprietor or 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.

**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 required for individuals residing in Hawaii less than 1 year.) If applicable, submit a letter stating that you have resided in Hawaii for 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.

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".

(CONTINUED ON PAGE 4)

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.

EXAMINATION

The contractors licensing examinations are administered by a professional testing service, Prometric (fka Thomson 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. Phone: (808) 261-8182.

EXAMINATION DATES AND REGISTRATION DEADLINES ARE AVAILABLE ON THE CONTRACTOR'S WEBPAGE.

Applicant must pass a written examination covering the following:

- PART I Business and law (A copy of the Contractors laws and rules may be obtained by submitting a written request to the: Contractors License Board, DCCA, P.O. Box 3469, Honolulu, HI 96801).

The laws and rules are also available on our website at: cca.hawaii.gov/pvl. Click on "Contractors".

NOTE: It is strongly suggested that applicants obtain a copy of the contractor's licensing law and rules.

- PART II Trade (field knowledge in classification requested).

Recommended Study materials for the Part II examination may be obtained by calling Prometric at: (808) 261-8182. Some books are available at public libraries. Refer to the listing in the "*Bulletin of Examination Information*".

Questions regarding the examination, study material, or sitting for the exam in another state should be directed to the testing agency, Prometric. Phone: (808) 261-8182 or visit their website at: www.prometric.com/hawaii.

REQUESTS TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE - Must be approved by the Board. Submit your written request along with your application in advance of the deadline date, to allow for sufficient processing time. Please be advised that you are responsible for any additional cost for this out-of-state testing accommodation and test locations are limited to sites at which the testing service has a secured office.

REQUESTS TO USE AN INTERPRETER - Must be approved by the Board. Form is available from website at: cca.hawaii.gov/pvl or contact Prometric at: (808) 261-8182. The fee for this service is \$100, added to your examination fee.

(CONTINUED ON PAGE 5)

CLASSIFICATIONS AS LISTED IN CHAPTER 77

HAWAII ADMINISTRATIVE RULES

More information on the following classifications may be found at: cca.hawaii.gov/pvl/boards/contractor. Click on the link "Description of Contractor License Classifications".

"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 6)

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 7)

LICENSE REQUIREMENTS

(Upon Passing the Exam)

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.

Sole proprietors with **NO** employees may file a form prescribed by the Board, in lieu of workers' compensation insurance.

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.

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 you are not licensed as an electrician or plumber in accordance with HRS 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.**

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 individual to apply as a new applicant.

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

(CONTINUED ON PAGE 8)

**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.

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

State of Hawaii
Dept. of Commerce and Consumer Affairs
CONTRACTORS LICENSE BOARD
335 Merchant St., Room 301, PO Box 3469
Honolulu, HI 96801

<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 "NA".</p> <p>Applications must be printed legibly in black ink or typewritten with the fillable form.</p> <p>The required \$50.00 application fee must be attached and submitted with this application form. Make check payable to: "Commerce and Consumer Affairs". (check must be in U.S. dollars and be from a U.S. financial institution.)</p>					FOR BOARD USE ONLY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">License No. CT -</td> <td style="width: 50%;">Effective Date:</td> </tr> <tr> <td colspan="2">CLASS(ES):</td> </tr> <tr> <td colspan="2" style="height: 150px;"></td> </tr> </table>		License No. CT -	Effective Date:	CLASS(ES):			
License No. CT -	Effective Date:													
CLASS(ES):														
<p>A. Name of Applicant (<i>First, Middle, Last</i>): _____</p> <p>B. Trade Name or Business Name (<i>if any</i>): _____</p> <p>C. Social Security No.: _____ Phone No. (<i>days</i>): _____</p> <p>D. • Mailing Address: _____ <i>(Street address or P.O. Box, City, State and Zip Code)</i></p> <p> • Hawaii Business Address: _____ <i>(Street address, City, State and Zip Code - P.O. Box is not acceptable)</i></p> <p> • Residence Address: _____</p> <p>E. Set forth in detail the kind of contracting business in which the applicant intends to engage: _____ _____</p> <p>F. Classification(s) requested (_____) _____ <i>Symbol - see list</i> <i>Name of classification</i></p> <p>G. EDUCATION: Vocational School, College, University, Special Training: _____ Years _____ Months _____ _____ _____ _____</p>														
H. <div style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE LICENSES</div>	Name of State	License No.	Date Issued	Classifications	<u>FOR OFFICE USE ONLY</u>									
					_____ Financial Statement									
					_____ Tax Clearance									
					_____ Experience									
					_____ Credit Report									
	Attach copy of each contractor's license previously held in any state.													

(CONTINUED ON PAGE 2)

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.

Appl..... 115.....\$ 50

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

Print Applicant Name: _____

Date: _____

(LAST, First, Middle)

I.	EACH QUESTION MUST BE ANSWERED
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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 previously applied for a Hawaii State contractor's license? ☐ YES ☐ NO
(If "Yes", state month and year: _____.)
4. Have you ever 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.)
5. Have you or any construction organization in which you were an officer, partner, manager or member 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.)
6. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by you or any construction organization in which you were an officer, partner, manager or member? ☐ YES ☐ NO
(If "Yes", attach a detailed statement signed by you.)
7. Are there now any unpaid past due bills or claims for labor, materials, or services, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ☐ YES ☐ NO
(If "Yes", attach a detailed statement signed by you.)
8. Are there now any liens, suits, or judgments of record or pending, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ☐ 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 relevant documents.)
9. Have you or any construction organization in which you were an officer, partner, manager or member 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.)
10. Have you or any construction organization in which you were an officer, partner, manager or member 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.)
11. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO
(If "Yes", explain on a separate sheet 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, and training attended. Also, submit court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)

(CONTINUED ON PAGE 3)

Print Applicant Name: _____

Date: _____

(LAST, First, Middle)

J.	EXPERIENCE STATEMENT
<p>1. <u>TYPE OF WORK & TIME AT EACH</u> - I have worked as a:</p> <p><input type="checkbox"/> Apprentice for yrs. mos.</p> <p><input type="checkbox"/> Journeyman for..... yrs. mos.</p> <p><input type="checkbox"/> Supervisor for yrs. mos.</p> <p><input type="checkbox"/> Superintendent for yrs. mos.</p> <p><input type="checkbox"/> Contractor for yrs. mos.</p> <p><input type="checkbox"/> Foreman for yrs. mos.</p> <p><input type="checkbox"/> Project Manager for..... yrs. mos.</p> <p>_____ for yrs. mos.</p> <p>2. <u>TOTAL TIME IN CONSTRUCTION:</u> .. yrs. mos.</p>	<p>3. <u>SKILLS</u> - I can perform the following:</p> <p><input type="checkbox"/> Read a financial statement</p> <p><input type="checkbox"/> Compute payroll</p> <p><input type="checkbox"/> Balance a checking account</p> <p><input type="checkbox"/> Read blueprints</p> <p><input type="checkbox"/> Prepare job estimates</p> <p><input type="checkbox"/> Order materials</p> <p><input type="checkbox"/> Design & layout construction projects</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p>

K.	LIST THE MOST RECENT EXPERIENCE FIRST: (ATTACH ADDITIONAL SHEETS IF NECESSARY)	
<p>Name of Company _____</p> <p>Type of Business Company Engaged in _____</p> <p>Address of Company _____</p> <p>Dates employed: _____ Mo/Yr to _____ Mo/Yr Total: _____ Yr/Mo</p> <p>Dates supervised: _____ Mo/Yr to _____ Mo/Yr Total: _____ Yr/Mo</p> <p>No. of people supervised: _____</p> <p>TYPE OF PROJECTS:</p> <p><input type="checkbox"/> Apartments <input type="checkbox"/> Office Buildings</p> <p><input type="checkbox"/> Condominiums <input type="checkbox"/> Remodeling</p> <p><input type="checkbox"/> Custom <input type="checkbox"/> Tract Houses</p> <p><input type="checkbox"/> High Rise <input type="checkbox"/> Other (specify): _____</p>	<p>License No. _____</p>	<p>Describe duties and responsibilities:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Hours worked per week: _____</p> <hr style="border-top: 1px dashed black;"/> <p>AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension):</p> <p>_____</p> <hr style="border-top: 1px dashed black;"/> <p>AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS:</p> <p>\$ _____</p> <hr style="border-top: 1px dashed black;"/>

(CONTINUED ON PAGE 4)

Print Applicant Name: _____

Date: _____

(LAST, First, Middle)

K.	LIST THE MOST RECENT EXPERIENCE FIRST: (ATTACH ADDITIONAL SHEETS IF NECESSARY)		
Name of Company		License No.	Describe duties and responsibilities: _____ _____ _____ _____ _____ _____
Type of Business Company Engaged in			
Address of Company			
Dates employed: _____ Mo/Yr to _____ Mo/Yr Total: _____ Yr/Mo Dates supervised: _____ Mo/Yr to _____ Mo/Yr Total: _____ Yr/Mo No. of people supervised: _____ TYPE OF PROJECTS: <input type="checkbox"/> Apartments <input type="checkbox"/> Office Buildings <input type="checkbox"/> Condominiums <input type="checkbox"/> Remodeling <input type="checkbox"/> Custom <input type="checkbox"/> Tract Houses <input type="checkbox"/> High Rise <input type="checkbox"/> Other (specify): _____			
			Hours worked per week: _____
			AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension): _____
			AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: \$ _____

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.

Signature of Applicant

Date

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: _____

Signature of Applicant

Date

Supporting certificates necessary to establish that the applicant's construction experience meets the minimum requirements must be attached to the application -- See instruction sheet.
Additional certificate forms may be obtained from the office of the Board at 335 Merchant Street, Room 301, Honolulu, HI 96813 or you may download forms from our website at: cca.hawaii.gov/pvl.

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

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: (First, Middle, Last)

Classification requesting (check one only):

☐ A - General Engineering

☐ B - General Building

☐ C -

Indicate your BUSINESS RELATIONSHIP
to the applicant:

☐ EMPLOYER☐ SUPERVISOR☐ RME Lic. #

Classifications held:

☐ FELLOW EMPLOYEE

 JOURNEYMAN

☐ OTHER (specify):

Employment Dates (mo/yr):

From:

To:

Length of service:

Yrs.

mos.

Dates applicant has supervised:

From:

To:

TOTAL TIME:

☐ FULL-TIME☐ PART-TIME -Hours per week, if
part-time

Indicate LEVEL applicant worked at:

 JOURNEYMAN

☐ FOREMAN

☐ SUPERVISOR☐ CONTRACTOR☐ OTHER (specify):

(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)

Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? *(Check your answer.)*

☐ YES☐ NO

Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?

☐ YES☐ NO

DESCRIBE IN DETAIL THE APPLICANTS EXPERIENCE PERFORMING ON-SITE SUPERVISION AND DIRECTION OF EMPLOYEES IN THE CLASSIFICATION INDICATED ABOVE (i.e. General Engineering, General Building, etc.):

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.

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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.

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

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: (First, Middle, Last)

Classification requesting (check one only):

☐ A - General Engineering

☐ B - General Building

☐ C -

Indicate your BUSINESS RELATIONSHIP
to the applicant:

☐ EMPLOYER☐ SUPERVISOR☐ RME Lic. #

Classifications held:

☐ FELLOW EMPLOYEE

 JOURNEYMAN

☐ OTHER (specify):

Employment Dates (mo/yr):

From:

To:

Length of service:

Yrs.

mos.

Dates applicant has supervised:

From:

To:

TOTAL TIME:

☐ FULL-TIME☐ PART-TIME -Hours per week, if
part-time

Indicate LEVEL applicant worked at:

 JOURNEYMAN

☐ FOREMAN

☐ SUPERVISOR☐ CONTRACTOR☐ OTHER (specify):

(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)

Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? *(Check your answer.)*

☐ YES☐ NO

Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?

☐ YES☐ NO

DESCRIBE IN DETAIL THE APPLICANTS EXPERIENCE PERFORMING ON-SITE SUPERVISION AND DIRECTION OF EMPLOYEES IN THE CLASSIFICATION INDICATED ABOVE (i.e. General Engineering, General Building, etc.):

(SIGNATURE REQUIRED ON PAGE 2 IN FRONT OF NOTARY)

Print Name of Applicant: _____

Date: _____

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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> _____	

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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.

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- 4) an out-of-state contractor who held a license in that state

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THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: (First, Middle, Last)

Classification requesting (check one only):

☐ A - General Engineering

☐ B - General Building

☐ C -

Indicate your BUSINESS RELATIONSHIP to the applicant:

☐ EMPLOYER☐ SUPERVISOR☐ RME Lic. #

Classifications held:

☐ FELLOW EMPLOYEE

 JOURNEYMAN

☐ OTHER (specify):

Employment Dates (mo/yr):

From:

To:

Length of service:

Yrs.

mos.

Dates applicant has supervised:

From:

To:

TOTAL TIME:

☐ FULL-TIME☐ PART-TIME -Hours per week, if
part-time

Indicate LEVEL applicant worked at:

 JOURNEYMAN

☐ FOREMAN

☐ SUPERVISOR☐ CONTRACTOR☐ OTHER (specify):

(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)

Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? *(Check your answer.)*

☐ YES☐ NO

Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?

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(SIGNATURE REQUIRED ON PAGE 2 IN FRONT OF NOTARY)

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Date: _____

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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> _____
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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.

IMPORTANT ANNOUNCEMENT
ADDENDUM TO CONTRACTOR LICENSE APPLICATIONS

CONCERNING THE SUBMITTAL OF A

CHRONOLOGICAL HISTORY OF PROJECTS FORM

EFFECTIVE IMMEDIATELY

Every applicant for a RESPONSIBLE MANAGING EMPLOYEE (RME) or a SOLE PROPRIETOR contractor's license must submit a "**Chronological History of Projects Form**" ("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:

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 or downtime for rain-outs or waiting for delivery of materials.

(CONTINUED ON NEXT PAGE)

NOTE: IF APPLYING FOR MORE THAN ONE CLASSIFICATION, SUBMIT A SEPARATE LIST FOR EACH.

SAMPLE

Classification requested*
(Check one only)

☐ "A" General Engineering

☐ "B" General Building

☐ "C" _____

CHRONOLOGICAL HISTORY OF PROJECTS COMPLETED

Project Start Date	Project End Date	Project	Employer	Employer's Classification	Position Title (# of workers supervised)	Detailed Description of the Project and the Work You Supervised	Contract Amount**	Amount of Supervisory Experience** (yrs/months)
1/12/14	6/22/14	John Doe Residence 220 Palama Street, Honolulu	John Construction	"B" General Building	Foreman - 8 workers	New residence - supervised foundation, framing, roofing with own crew. Coordinated plumbing, electrical, and drywall subcontractors	\$200,000	5 months
8/1/13	5/1/14	J. Doe Communications, Honolulu, HI	John Excavating Inc.	C-17 Excavating, grading & trenching	Construction supervisor - 12 workers	Detailed description: Construction of 90 site CMI/PCS network. Project consisted of excavating/trenching for installation of new conduit & manhole/vault systems. Grading of affected work areas to normal conditions. Direct supervision of: installation of new communications conduits & manhole systems by in-house crews. Included excavation, trenching, directional drilling & surface restoration/grading (asphalt & concrete).	\$1,200,000	6 months (Actual supervisory time - not the time project is on the books)

***You must submit a separate list for each classification requested.**

****All information should be specific to the license classification you are applying for. As in the second example, if you are applying for a specialty classification, the contract amount and years/months of supervisory experience should be specific to that specialty, and not the entire construction project (project start and end dates).**

(FILLABLE FORM ON PAGE 3)

Please Print Name:

Entity: _____

RME: _____

Sole Owner: _____

Classification requested*
(Check one only)

☐ "A" General Engineering

☐ "B" General Building

☐ "C" _____

CHRONOLOGICAL HISTORY OF PROJECTS COMPLETED

Project Start Date	Project End Date	Project	Employer	Employer's Classification	Position Title (# of workers supervised)	Detailed Description of the Project and the Work You Supervised	Contract Amount**	Amount of Supervisory Experience** (yrs/months)

***You must submit a separate list for each classification requested.**

****All information should be specific to the license classification you are applying for. As in the second example, if you are applying for a specialty classification, the contract amount and years/months of supervisory experience should be specific to that specialty, and not the entire construction project (project start and end dates).**

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