STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
REGULATED INDUSTRIES COMPLAINTS OFFICE
CONSUMER RESOURCE CENTER
OAHU OFFICE
235 SOUTH BERETANIA STREET, 9TH FLOOR
HONOLULU, HI 96813
cca.hawaii.gov/rico

REPORT OF ON-GOING UNLICENSED ACTIVITY

Use this form to report on-going unlicensed activity. RICO uses unlicensed activity reports to conduct expedited investigations about possible on-going unlicensed activity occurring in the State. Additional information about the industries RICO regulates and applicable licensing laws and rules is available on the RICO website, as well as a printable version of this and other RICO complaint forms.

If you have entered into a contract or agreement with an unlicensed company or individual, please complete the appropriate complaint form (RICO, Contractor, Healthcare Professions, Travel Agency, Motor Vehicle Sales, Motor Vehicle Repairs, Real Estate, Real Estate Appraiser).

<table>
<thead>
<tr>
<th>Area:</th>
<th>☐ Oahu</th>
<th>☐ Hawaii (Hilo)</th>
<th>☐ Hawaii (Kona)</th>
<th>☐ Kauai</th>
<th>☐ Maui (includes Lanai and Molokai)</th>
</tr>
</thead>
</table>

Profession or Area of Practice:
☐ Accountant
☐ Acupuncture Practitioner
☐ Activity Desk
☐ Athletic Agent
☐ Athletic Trainer
☐ Architect or Engineer
☐ Appraisal Management
☐ Audiologist
☐ Barber or Barber Shop
☐ Behavior Analyst
☐ Boxer or Boxing Event
☐ Cemetery/Pre-need Sale
☐ Chiropractor
☐ Collection Agency
☐ Contractor
☐ Cosmetologist or Shop
☐ Dentist/Dental Hygienist
☐ Dispensing Optician
☐ Electrician or Plumber
☐ Electrologist
☐ Elevator Mechanic
☐ EMT/Paramedic
☐ Employment Agency
☐ Guard/Guard Agency
☐ Hearing Aid Dealer/Fitter
☐ Landscape Architect
☐ Marriage/Family Therapist
☐ Massage Therapist
☐ Massage Establishment
☐ Mental Health Counselor
☐ Mixed Martial Arts Event
☐ Mixed Martial Arts Fighter
☐ Motor Vehicle Sale
☐ Motor Vehicle Repair
☐ Naturopath
☐ Nurse (RN, LPN, APRN)
☐ Occupational Therapist
☐ Optometrist
☐ Pest Control Operator
☐ Pharmacy/Pharmacist
☐ Physical Therapist
☐ Physician or Osteopath
☐ Physician Assistant
☐ Podiatrist
☐ Port Pilot
☐ Private Detective/Agency
☐ Psychologist
☐ Real Estate Appraiser
☐ Real Estate Broker
☐ Real Estate Salesperson
☐ Respiratory Therapist
☐ Social Worker
☐ Surveyor
☐ Time Share Sale
☐ Travel Agency
☐ Veterinarian

Description of activity you are reporting (attach a separate sheet if necessary). If possible, please include approximate dates.
Have you reported the on-going unlicensed activity to any other law enforcement or government agency? [ ] Yes [ ] No
If yes, please provide the following:

1) Name of the agency: ________________________________________________________________

2) Approximate date when you filed your report or complaint: ______________________________

3) Report or complaint number, if any: __________________________________________________

**LOCATION INFORMATION (Where the activity is occurring)**

<table>
<thead>
<tr>
<th>Address of location:</th>
<th>Owner’s name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone number at location: ( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email address at location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Address type: [ ] Business or [ ] Residential

Other information: [ ] Restricted access building [ ] Gated community [ ] Other ____________________________________________

When is work being performed (day of week, time of day)?

Number of workers at location: ______

Estimated value of the project: ______

If this is a specific project, when do you estimate the work you are reporting will be completed?

Description of any vehicles (including, if possible, any license plate numbers):

Any other identifying information (for example, equipment used or nametags worn):

**RESPONDENT INFORMATION (Person or business you are reporting)**

*Please complete one report form per respondent.*

<table>
<thead>
<tr>
<th>Respondent’s name:</th>
<th>[ ] Business or [ ] Individual</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Respondent’s address:</th>
<th>Telephone number: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Address type: [ ] Business or [ ] Residential

Website address (if any):

Physical description (height, weight, hair color):

Please list any other employees or persons working at the location:

Is the Respondent using a license number? [ ] Yes [ ] No

If yes, list the number: ______________________________

Where does the license number appear? (ads, contracts, side of truck, business card, etc.): ____________________________________________
Please attach **COPIES** of any documents you may have; check any of the boxes that apply. **Do not** submit originals as we are unable to return attachments to you.

- [ ] Advertisements (flyers, brochures, newspaper, internet ads)
- [ ] Business cards
- [ ] Copies of correspondence (letters, emails, notes)
- [ ] Contracts, proposals, agreements
- [ ] Estimates
- [ ] Invoices
- [ ] Proof of any payments made (receipts, checks)
- [ ] Any written warranties, promises, or guarantees
- [ ] Photos
- [ ] Other (please list): ________________________________

**YOUR INFORMATION** (My name is)

If you are willing to have RICO contact you with questions about what you have submitted or if additional information is required, please complete the contact information section below. Please note, RICO does not provide updates on reports of on-going unlicensed activity.

<table>
<thead>
<tr>
<th>(Last Name)</th>
<th>(First Name)</th>
<th>(Middle Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.</td>
<td>Mr.</td>
<td>Ms.</td>
</tr>
<tr>
<td>Mrs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your mailing address: 

Telephone numbers (✓ check best number to reach you at):

- [ ] Daytime phone: (          )
- [ ] Residence phone: (         )

Your email: 

- [ ] Cellular phone: (          )

Are you filing on behalf of a business or organization?  [ ] Yes  [ ] No

If yes, please provide the name of your business/organization:

**CERTIFICATION**

RICO requires that you or a representative complete, sign, and certify below. We can assist you if you are unable to sign or otherwise complete this form. Knowingly submitting false or untrue information may constitute a violation of Hawaii Revised Statutes §710-1063.

I certify that all statements and attachments provided to RICO as part of this report are true and correct to the best of my knowledge.

I understand investigation and prosecution is at the discretion of the agency and that RICO does not represent me in this report.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Print name here:  

[ ] Check here if signing as representative

Mail completed report forms to:

Regulated Industries Complaints Office  
Attention: Consumer Resource Center  
235 South Beretania Street, 9th Floor  
Honolulu, Hawaii 96813

This material is available in alternate formats including large print.  
For assistance, please contact the RICO Complaints and Enforcement Officer at  
586-2666.