

REACTIVATION APPLICATION

Legal Name: (First, Middle, Last OR Name of Corporation, Partnership, JV, LLC, LLP)			<input type="checkbox"/> BP Address	<input type="checkbox"/> Lic. Status/Address
Name on Record:			<input type="checkbox"/> History	<input type="checkbox"/> Employment
Residence or Business Address: (Include Apt. No., City, State & Zip Code)		FOR OFFICE USE ONLY	<input type="checkbox"/> Class Status	<input type="checkbox"/> Insurance Status
Mailing Address: (ONLY if different from above)			Initials/Date:	
Phone No.: (Days)	Social Security No. (Individuals only)		TOTAL AMOUNT DUE \$ _____	
License No.:	Inactive Since:			

GENERAL INSTRUCTIONS (Access this form via website at: cca.hawaii.gov/pvl)

1. Complete on-line fillable application *OR* print LEGIBLY. Check your license type on page 2. Answer ALL questions and sign application. Incomplete applications will not be accepted. Name changed? Attach a copy of your name change document.
2. The "Information on Requirements for Reactivation" list the individual license requirements alphabetically by license type. Find your license type for fee and other requirements. All required documents must be **ATTACHED** to this application.
3. Make check payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)
Note: A \$25 service charge shall be assessed for payments that are dishonored for any reason. Returned payments are considered **NON-RECEIPT** of your fee and application, and the inactive effective date is voided.
4. Mail all items to:

PVL Licensing Branch Commerce & Consumer Affairs P.O. Box 3469 Honolulu, HI 96801	OR	Deliver to office location at: 335 Merchant Street, Room 301 Honolulu, HI 96813 Phone No.: (808) 586-3000
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(CONTINUED ON PAGE 2)

Ren	_____	\$ _____
CRF	_____	\$ _____
REAC	RCT	\$12/\$36/\$60
Service Charge.....	BCF	\$25

Print Name of Applicant: _____

Date: _____

Check your license type:

- | | | |
|--|---|---|
| <input type="checkbox"/> ACTIVITY DESK | <input type="checkbox"/> HEARING AID DEALER & FITTER | <input type="checkbox"/> PHARMACY - MISCELLANEOUS PERMIT |
| <input type="checkbox"/> ATHLETIC TRAINER | <input type="checkbox"/> JOURNEYWORKER ELECTRICIAN | <input type="checkbox"/> PHARMACY - WHOLESALE DISTRIBUTOR |
| <input type="checkbox"/> BARBER | <input type="checkbox"/> JOURNEYWORKER INDUSTRIAL ELECTRICIAN | <input type="checkbox"/> PHYSICAL THERAPIST |
| <input type="checkbox"/> BARBER SHOP | <input type="checkbox"/> JOURNEYWORKER PLUMBER | <input type="checkbox"/> PHYSICAL THERAPIST ASSISTANT |
| <input type="checkbox"/> BEAUTY INSTRUCTOR | <input type="checkbox"/> JOURNEYWORKER SPECIALTY ELECTRICIAN | <input type="checkbox"/> PSYCHOLOGIST |
| <input type="checkbox"/> BEAUTY OPERATOR | <input type="checkbox"/> LICENSED BACHELOR SOCIAL WORKER | <input type="checkbox"/> RESPIRATORY THERAPIST |
| <input type="checkbox"/> BEAUTY SCHOOL | <input type="checkbox"/> LICENSED SOCIAL WORKER | <input type="checkbox"/> STATE LICENSED REAL ESTATE APPRAISER |
| <input type="checkbox"/> BEAUTY SHOP | <input type="checkbox"/> MAINTENANCE ELECTRICIAN | <input type="checkbox"/> SUPERVISING ELECTRICIAN |
| <input type="checkbox"/> BEHAVIOR ANALYST | <input type="checkbox"/> MARRIAGE & FAMILY THERAPIST | <input type="checkbox"/> SUPERVISING INDUSTRIAL ELECTRICIAN |
| <input type="checkbox"/> CERTIFIED GENERAL APPRAISER | <input type="checkbox"/> MASSAGE THERAPIST | <input type="checkbox"/> SUPERVISING SPECIALTY ELECTRICIAN |
| <input type="checkbox"/> CERTIFIED RESIDENTIAL APPRAISER | <input type="checkbox"/> MASSAGE ESTABLISHMENT | <input type="checkbox"/> TRAVEL AGENCY |
| <input type="checkbox"/> CHIROPRACTOR | <input type="checkbox"/> MASTER PLUMBER | <input type="checkbox"/> VETERINARIAN |
| <input type="checkbox"/> DENTIST | <input type="checkbox"/> MENTAL HEALTH COUNSELOR | <input type="checkbox"/> VETERINARY TECHNICIAN |
| <input type="checkbox"/> DENTAL HYGIENIST | <input type="checkbox"/> NURSING HOME ADMINISTRATOR | |
| <input type="checkbox"/> DISPENSING OPTICIAN | <input type="checkbox"/> OCCUPATIONAL THERAPIST | |
| <input type="checkbox"/> ELECTROLOGIST | <input type="checkbox"/> OCCUPATIONAL THERAPY ASSISTANT | |
| <input type="checkbox"/> EMPLOYMENT AGENCY | <input type="checkbox"/> PHARMACIST | |
| <input type="checkbox"/> EMPLOYMENT AGENCY PRINCIPAL | <input type="checkbox"/> PHARMACY | |

For Reactivation of Contractor, Nursing, Pest Control, and Private Detective/Guard - See separate application. For Real Estate - See Change Form.

Check answers and give details when required:

1. Since the date that your Hawaii license, certificate or registration was placed on inactive status, have you been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No
2. Since the date that your Hawaii license, certificate or registration was placed on inactive status, has any license, certificate or registration been suspended, revoked, or otherwise subject to disciplinary action in this state or any state? Yes No
3. Are there any disciplinary actions pending against you? Yes No

If any answer is "Yes", provide information on date, place, and type of disciplinary action or conviction on a separate sheet and attach board's final order or court documentation on the violation of each conviction and fulfillment of conditions of each sentence.

I hereby certify that the answers, statements, and representations made on this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation or license and is a misdemeanor (Section 710-1017, and 436B-19 Hawaii Revised Statutes).

Signature of Applicant/Officer/Partner/Manager/Member

Date

Print Name

Title

Print Name of Applicant: _____

Date: _____

Release of Information to Third Party:

To assist me in the licensing process, I 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:

Name of Individual who is assisting you: _____

Name of Organization: _____

Address of Organization: _____

Signature of Applicant

Date

INFORMATION ON REQUIREMENTS FOR REACTIVATION

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

BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
ACTIVITY DESK - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-8	\$36 Reactivation fee \$38 Renewal + \$100 CRF + \$36 REAC = \$174	>Submit original letter as evidence of current Client Trust Account, bond or irrevocable Line of Credit; >If entity: "Certificate of Good Standing" from the DCCA Business Registration Division (BREG); >Statement that there have been no changes in the information provided upon issuance of the original license.
ATHLETIC TRAINER - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3	\$12 Reactivation fee \$120 Renewal + \$105 CRF + \$12 Reactivation fee = \$237	None None
BARBER - Barber - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Barber Shop - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-13	\$12 Reactivation fee \$46 Renewal + \$100 CRF + \$12 REAC = \$158 \$36 Reactivation fee \$76 Renewal + \$100 CRF + \$36 REAC = \$212	None None >Submit current DOH sanitation clearance; >Operator-in-charge and all other operators must have current license; >If entity: "Certificate of Good Standing" from BREG; >Statement that there have been no changes in the information provided upon issuance of the original license.
BEHAVIOR ANALYST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal		\$12 Reactivation fee \$120 Renewal + \$100 CRF + \$50 Special assessment = \$270	None None
CHIROPRACTOR - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 442-11	\$36 Reactivation fee \$194 Renewal + \$148 CRF + \$36 REAC = \$378	None >Submit continuing education completion certificates for 20 hrs. >Arrange to have verification of licensure sent <u>directly</u> to the Board of Chiropractic Examiners. To do this, contact the jurisdiction that you are licensed in.
CONTRACTOR	436B-13.3		Contact our office for separate forms.

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BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
COSMETOLOGY - Cosmetologist, hairdresser, esthetician, nail technician - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Instructor - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Shop - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - School - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-14	 \$12 Reactivation fee \$46 Renewal + \$100 CRF + \$12 REAC = \$158 \$12 Reactivation fee \$46 Renewal + \$100 CRF + \$12 REAC = \$158 \$36 Reactivation fee \$76 Renewal + \$100 CRF + \$36 REAC = \$212 \$60 Reactivation fee \$490 Renewal + \$100 CRF + \$60 REAC = \$650	 None None >Current and active beauty operator license >Current and active beauty operator license >Submit current DOH sanitation clearance; >Operator-in-charge and all other operators-in-charge must have current license; >If entity: "Certificate of Good Standing" from BREG; >Statement that there have been no changes in the information provided upon issuance of the original license. >Same as above. >Submit current DOH sanitation clearance; statement that there has been no changes to any one of the following: the County fire inspection report, County building or planning inspection report or certificate of occupancy, floor plan, curriculum, financial status/references, licensed instructors employed, school catalog, advertising, equipment and appliances, training/experience verification of principal, student contract and kit; >If entity: "Certificate of Good Standing" from BREG; >Statement that there have been no changes in the information provided upon issuance of the original license. >Same as above.
DENTIST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-19	\$60 Reactivation fee \$160 Renewal + \$148 CRF + \$60 REAC = \$368	None Satisfy all continuing education requirements
DENTAL HYGIENIST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-18	\$60 Reactivation fee \$64 Renewal + \$100 CRF + \$60 REAC = \$224	None Satisfy all continuing education requirements

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BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
DISPENSING OPTICIAN - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-19.5	\$12 Reactivation fee \$140 Renewal + \$100 CRF + \$12 REAC = \$252	None None
ELECTRICIANS - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-20	\$36 Reactivation fee \$156 Renewal + \$150 CRF + \$36 REAC = \$342	None >Submit Certificate of Completion of Nat'l Electrical Code (NEC) or submit proof of passing an examination on the updates to NEC administered by Prometric.
ELECTROLOGIST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-20.1	\$12 Reactivation fee \$96 Renewal + \$100 CRF + \$12 REAC = \$208	None None
EMPLOYMENT AGENCY - Agency/Branch - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Principal - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-16.5	\$36 Reactivation fee \$150 Renewal + \$100 CRF + \$36 REAC = \$286 \$12 Reactivation fee \$74 Renewal + \$100 CRF + \$12 REAC = \$186	>Submit evidence of bond in force only if "applicant-paid fee" or "combination" agency; >Statement that there have been no changes to the employment contract agreement, schedule of placement fees, employment records, and suitability of premises since the license was originally issued. >Submit a letter indicating who will be the principal of the agency. >Same as above. >Submit a letter from employment agency who will be hiring you. >Same as above.
HEARING AID DEALER - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-22	\$12 Reactivation fee \$160 Renewal + \$100 CRF + \$12 REAC = \$272	None None
MARRIAGE & FAMILY THERAPISTS - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-22.5	\$12 Reactivation fee \$255 Renewal + \$150 CRF + \$12 REAC = \$417	None None

(CONTINUED ON PAGE 4)

BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
MASSAGE - Therapist - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Establishment - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-23	\$12 Reactivation fee \$64 Renewal + \$100 CRF + \$12 REAC = \$176 \$36 Reactivation fee \$64 Renewal + \$100 CRF + \$36 REAC = \$200	None None >Submit current DOH sanitation clearance; >Submit name of designated MAT who must be currently licensed and all persons connected with the establishment in the capacity as a massage therapist who are currently licensed; >If entity: "Certificate of Good Standing" from BREG; >A statement that there have been no changes to the information provided upon issuance of the original license; >Requires Board approval. >Same as above.
MEDICAL	436B-13.3		Contact our office for separate forms.
MENTAL HEALTH COUNSELOR - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-25.1	\$12 Reactivation fee \$153 Renewal + \$129 CRF + \$12 REAC = \$294	None None
NATUROPATHY	436B-13.3 Rule 16-53-26		Contact our office for separate forms.
NURSING	436B-13.3		Contact our office for separate forms.
NURSING HOME ADMINISTRATOR - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-28	\$12 Reactivation fee \$130 Renewal + \$100 CRF + \$12 REAC = \$242	None None
OCCUPATIONAL THERAPIST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	457G-6 Rule 16-53-29.5	\$12 Reactivation fee \$86 Renewal + \$100 CRF + \$12 REAC = \$198	>Submit original "Verification of Certification" issued by NBCOT showing that your certification is current; >Submit statement with either your employer's name and business address or state that you are not currently working as an occupational therapist. >Same as above.

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BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
OCCUPATIONAL THERAPY ASSISTANT - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	457G-6 Rule 16-53-29.5	\$12 Reactivation fee \$86 Renewal + \$100 CRF + \$12 REAC = \$198	>Submit original "Verification of Certification" issued by NBCOT showing that your certification is current; >Submit statement with either your employer's name and business address or state that you are not currently working as an occupational therapy assistant. >Same as above.
PEST CONTROL	436B-13.3		Contact our office for separate forms.
PHARMACY - Pharmacist - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Pharmacy - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Misc. Permit - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Wholesale Prescription Drug Distributor - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-33	\$36 Reactivation fee \$90 Renewal + \$100 CRF + \$36 REAC = \$226 \$60 Reactivation fee \$194 Renewal + \$100 CRF + \$60 REAC = \$354 \$36 Reactivation fee \$194 Renewal + \$100 CRF + \$36 REAC = \$330 \$36 Reactivation fee \$194 Renewal + \$100 CRF + \$36 REAC = \$330	None >Submit evidence licensee has completed the required CE hrs for the prior licensing biennium. The Board may also require additional items to verify ones competency; >Requires Board approval. >Submit new photos and floor plan of pharmacy; >Description of security system, the self-inspection report or statement completed by licensee verifying that nothing in pharmacy has changed since originally licensed; >Submit name of pharmacist-in-charge and all pharmacists who must be currently licensed; >If entity: "Certificate of Good Standing" from BREG; >Requires Board approval. >Same as above. >Submit evidence entity holds a current pharmacy license/permit from its state of domicile; >Pharmacist-in-charge and all pharmacists filling prescriptions are currently licensed in the same domicile; >Statement that there have been no changes in the information provided upon issuance of the original permit; >Requires Board approval. >Same as above. >Submit current DOH inspection report. >Statement that there have been no changes in the information provided upon issuance of the original license; >Requires Board approval. >Same as above.

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BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
PHYSICAL THERAPIST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-33.5	\$12 Reactivation fee \$130 Renewal + \$100 CRF + \$12 REAC = \$242	>Submit evidence of obtaining continuing competence units equivalent to that required for a single renewal period of an active license within the last two years prior to applying to restore the license to "active" status. >Same as above.
PHYSICAL THERAPIST ASSISTANT - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-33.5	\$12 Reactivation fee \$130 Renewal + \$100 CRF + \$12 REAC = \$242	None None
PLUMBERS - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-20	\$36 Reactivation fee \$147 Renewal + \$129 CRF + \$36 REAC = \$312	None >Submit Certificate of Completion of Uniform Plumbing Code (UPC) or submit proof of passing an examination on the updates to UPC administered by Prometric.
PRIVATE DETECTIVE & GUARDS - Guard or Detective	436B-10 & 13.3 Rule 16-53-34		Contact our office for separate forms.
PSYCHOLOGIST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-98-21	\$12 Reactivation fee \$130 Renewal + \$148 CRF + \$12 REAC = \$290	>Requires Board approval. >Same as above.
REAL ESTATE APPRAISERS - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3	\$36 Reactivation fee \$96 Renewal + \$80 Registry fee + \$126 CRF + \$36 REAC = \$338	None >14 hours of CE for every year inactive.
RESPIRATORY THERAPIST - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3	\$12 Reactivation fee \$120 Renewal + \$150 CRF + \$12 REAC = \$282	None None
SOCIAL WORKER - License Bachelor Social Worker - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal - Licensed Social Worker - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-39.6	\$12 Reactivation fee \$48 Renewal + \$129 CRF + \$12 REAC = \$189 \$12 Reactivation fee \$93 Renewal + \$129 CRF + \$12 REAC = \$234	None None None None

(CONTINUED ON PAGE 7)

BOARD & LICENSE TYPE	LEGAL REFERENCE	FEE (CRF = Compliance Resolution Fund REAC = Reactivation Fee)	OTHER REQUIREMENT
	DCCA Rule 16-53		
TRAVEL AGENCY - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-40.5	\$36 Reactivation fee \$38 Renewal + \$100 CRF + \$36 REAC = \$174	>Submit original letter as evidence of current Client Trust Account; >If entity: "Certificate of Good Standing" from BREG; >Statement that there have been no changes in the information provided upon issuance of the original license. >Same as above.
VETERINARIAN/VETERINARY TECHNICIAN - Reactivation - paid "Active" Renewal - Reactivation - paid "Inactive" Renewal	436B-13.3 Rule 16-53-41	\$12 Reactivation fee \$260 Renewal + \$100 CRF + \$12 REAC = \$372	None None

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.