

REQUIREMENTS & INSTRUCTIONS - GUARD OR PRIVATE DETECTIVE

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

SOLE PROPRIETOR OR/
PRINCIPAL

THE LAW

Chapter §463, Hawaii Revised Statutes. Private detectives, guards, and agencies; license required. No person shall engage in the business of private detective or guard, represent oneself to be, hold oneself out as, list oneself or advertise as a private detective or guard or as furnishing detective investigating services or guard services without first obtaining a license as a private detective or guard from the Board of Detectives and Guards upon payment of application, examination and license fees. No firm, corporation, partnership, or association shall engage in the business of private detective or guard, represent itself to be, hold itself out as, list itself or advertise as a private detective or guard agency or bureau or as furnishing detective, investigating or guard services without first obtaining a license as a private detective or guard agency from the Board upon payment of application and license fees.

IMPORTANT: DO YOU HAVE THE WORK EXPERIENCE?

Applicants shall have had experience reasonably equivalent to at least **4 years of full-time investigational or guard work**. The Board may accept the following types of experience:

1. For persons applying to be private detectives, employment:
 - a) Under the supervision of a licensed private detective;
 - b) As a police officer with a police department of a state or political subdivision thereof;
 - c) As an investigator with any federal, state, county, or municipal government agency; or
 - d) As an investigator by an attorney-at-law or law firm.
2. For persons applying to be guards, employment:
 - a) Under the supervision of a licensed guard;
 - b) As a guard by a private employer;
 - c) As a police officer with a police department of a state or political subdivision thereof; or
 - d) As a guard with any federal, state, county, or municipal government agency.

SOLE PROPRIETORS AND PRINCIPALS

File this application if you are a sole proprietor or the "*Responsible or Subordinate Principal*" of a corporation, partnership, joint venture, LLC or LLP to apply for a private detective or guard license. If a private detective AND a guard license is desired, complete a separate application for each license type.

Corporations, partnerships, joint ventures, LLC's and LLP's are required to apply for a detective agency or guard agency license on a separate application. (See Board's form PDG-03).

INSTRUCTIONS FOR FILING

APPLICATION

1. Complete on-line fillable form OR print legibly in BLACK ink.
2. Answer all questions. If an item/question is not applicable to you, please indicate with "N/A".
3. Use tape to affix a photograph, front view, head and shoulders, 2" x 2" in size, in the space provided.
4. Sign the application.

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.**

The following laws require that you furnish your Social Security Number to our agency:

(CONTINUED ON PAGE 2)

SOCIAL SECURITY NUMBER (cont'd)

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).

FILING DEADLINE

A complete application along with appropriate fees must be received at least 30 days prior to the Board meeting date. Board meetings are usually scheduled in the months of January, March, May, July, September, and November.

TRADE NAME

If you are a sole proprietor and 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.

CRIMINAL HISTORY RECORD CHECK FEDERAL BUREAU OF INVESTIGATION ("FBI") REPORT

All applicants are required to submit to a FBI fingerprint check through the Hawaii Criminal Justice Data Center (HCJDC).

To obtain a FBI national Criminal History Record check and the State of Hawaii Criminal History Record check, applicants shall be fingerprinted electronically at **Fieldprint Inc.** locations nationwide or any other fingerprinting agency approved to send electronic fingerprints to the Hawaii Criminal Justice Data Center ("HCJDC").

Please visit Fieldprint Inc. at: <http://fieldprinthawaii.com> to make an appointment, inquire about other available site locations on the Continental United States, or call (877) 614-4361.

Fees for the FBI and the State of Hawaii Criminal History Record checks shall be paid directly to Fieldprint and will be electronically sent to the HCJDC.

NOTE: Fingerprinting cards are no longer available from the Board's office.

Fieldprint code ***HI-DCCA-PDSG (The code is not case sensitive, however, the hyphens are necessary).***

NOTE: A license application must be filed within 30 days of the fingerprinting to ensure that the results are obtainable from the HCJDC. If the results are not obtainable, you will be required to obtain new fingerprints.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

HIGH SCHOOL EDUCATION

Attach any of the following to demonstrate that you have a high school education or its equivalent:

- A photocopy of your high school diploma;
- A certificate transcript of your high school record;
- A statement (on official letterhead) from the state's Department of Education attesting to graduation or that the equivalent of a high school education has been completed;
- A photocopy of an associate's, bachelor's, master's, or doctorate degree; OR
- A DD-214 form verifying at least four years of experience in the military, or a notarized statement from your Commanding Officer attesting to your military experience.

(CONTINUED ON PAGE 3)

**HIGH SCHOOL
EDUCATION
(cont'd)**

If an applicant is unable to submit any of the above, the applicant may submit the following:

- A notarized "Statement of Educational Background to Register as a GUARD" (PDG-31) from current or former employers attesting to at least four (4) years of work experience requiring the ability to read, comprehend, apply written directions, understand verbal instructions, have a reasonable degree of verbal skill and the ability to write clear factual reports.
- Verification of employment as a police officer or firefighter for any of the four (4) counties in this State, for the State of Hawaii, or for the federal government (e.g. a letter from a County Human Resources or Supervisor); or
- Verification of employment as a State of Hawaii sheriff (e.g. a letter from a State Department Personnel Officer or Supervisor).

**PSYCHIATRIC or
PSYCHOLOGICAL
HISTORY**

If you are presently suffering from a psychiatric or psychological disorder, please submit the following:

- An explanation of the underlying facts and circumstances surrounding your psychiatric/psychological disorder and treatment.
- Letters from your treating licensed health care practitioner (e.g. psychologist, psychiatrist, psychiatric mental health nurse practitioner, adult psychiatric and mental health clinical nurse specialist) regarding the diagnosis, status of your psychiatric or psychological disorder and assessment of your ability to work in the registered/licensed profession (principal guard, guard employee, principal detective).
- Letters of recommendation from your current employer regarding your reliability, trustworthiness and ability to work as a principal guard, principal detective or guard employee.

**EXPERIENCE
REQUIREMENT**

Attach a notarized Experience Verification Form (Guard-PDG-20/Detective-PDG-19) from your present employer(s) and/or former employer(s) attesting to your dates of employment, job duties, and responsibilities that **verify at least 4 years of full-time** guard or investigational work experience or other documentary evidence of your experience.

**NOTARIZED
EXPERIENCE
VERIFICATION
FORMS
(Guard-PDG-20)
(Detective-PDG-19)**

The applicant completes the top portion of the form and the licensed guard, licensed detective, or former or current employer verifies the work experience of the applicant by indicating the employer's business employment dates, average hours worked per week by the applicant and describing in detail the guard or detective work and duties performed by the applicant.

If you were self-employed and licensed in another state, **complete** and **attach** the appropriate notarized Experience Verification form as explained above **along with** verification from that state Board on your license status and of any disciplinary action taken.

**LICENSE
VERIFICATION**

License verification forms required if licensed as a private detective agency or guard agency in any other state or jurisdiction. Complete the top portion of the form, sign and forward to the licensing jurisdiction in which you are licensed. Have the licensing authority of each state or jurisdiction in which you **hold or held a license at any time**, complete the "Verification of License" form and send **directly** to the Professional and Vocational Licensing Division.

FEES

Attach the nonrefundable application fee of \$50 made payable to: **COMMERCE & CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

(CONTINUED ON PAGE 4)

**FEES
(cont'd)**

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.

**APPLICANTS WITH
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**BOARD'S
ADDRESS**

Mail all required documents/items to:

BOARD OF PRIVATE DETECTIVES & GUARDS
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to office location at:

335 Merchant Street, Rm. 301
Honolulu, HI 96813

OR

Phone: 1-844-808-DCCA (3222)

**APPLICANT
CHECKLIST**

This is a checklist of items required to start the application for exam process and for you to check that all items have been submitted.

HAVE YOU COMPLETED THESE STEPS TO START YOUR APPLICATION PROCESS?

- Answered all questions on the application form?
- Signed the application form?
- Affixed your photo to the application form?
- Attached the payments:
 - a. \$50 application fee (payable to Commerce & Consumer Affairs)?
 - b. \$50 exam fee (payable to Commerce & Consumer Affairs)?
- Attached evidence of a high school education or its equivalent?
- Attached the appropriate notarized Experience Verification form(s) evidencing 4 years of full-time investigational or guard work?
- Attached license verification(s) for all states or jurisdictions if licensed as a private detective or guard?

Your application is considered complete when ALL REQUIRED DOCUMENTS are in the Board's office. Please note that the report from the FBI must also be received. **Licensing must be completed within one year of the application date.**

**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. Criminal history records are confidential and shall not be discussed with anyone other than the applicant.

**ABANDONMENT
OF APPLICATION**

Your application shall be considered abandoned, shall be destroyed, and all fees forfeited if you fail to secure a license **within one year after filing the application**, or if you fail to take and pass the examination within one year after becoming eligible to take the examination.

Instructions for "YES" Answers to Questions (4) through (7) of the Application for License (PDG-02)

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
 - 1) Questions 4 and 5 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "YES" to one or more of these questions, you must **submit** the following:
 - i. A detailed statement signed by you explaining the underlying circumstances; and

- ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents.
- 2) If your application indicates a criminal conviction, you must **submit** the following:
- i. A detailed statement signed by you explaining the underlying 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, training attended, and educational courses attended.
 - ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence) if applicable, proof of payment of fines; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge);
 - iv. Letters of recommendation from any physicians, counselors, and other members of the community (no relative) who can objectively attest in writing to a firm belief that you have been sufficiently rehabilitated to warrant the public's trust.
 - v. Letters of recommendation from your current employer regarding your ability and trustworthiness to work as a principal detective or principal guard.
- 3) If your application indicates you are presently suffering from a psychiatric or psychological disorder, please submit the following:
- i. An explanation of the underlying facts and circumstances surrounding your psychiatric/psychological disorder and treatment.
 - ii. Letters from your treating licensed health care practitioner (e.g. psychologist, psychiatrist, psychiatric mental health nurse practitioner, adult psychiatric and mental health clinical nurse specialist) regarding the diagnosis, status of your psychiatric or psychological disorder and assessment of your ability to work in the registered/licensed profession (principal guard, guard employee, principal detective).
 - iii. Letters of recommendation from your current employer regarding your reliability, trustworthiness and ability to work as a principal guard, principal detective or guard employee.

EXAMINATION AND BOARD INTERVIEW

EXAMINATION

After the application is approved for examination, applicants will send a "Notice of Exam Approval" letter. For more information regarding an examination, including registration, see the candidate bulletin at <https://test-takers.psiexams.com/hitrade>. Alternatively, you may register via telephone at (833) 333-4754.

Applicants must attain a score of at least 75%. See list of "Study Materials".

To protect the privacy of applicants, results are not released over the phone.

Passing applicants will be sent, in addition to the exam results, information regarding the Board interview. Failing applicants will be sent, in addition to the exam results, information regarding retaking the examination.

******* IMPORTANT ANNOUNCEMENT *******

RE-EXAM LIMITATION

Pursuant to HAR 16-97-41.1 applicants failing to obtain a passing score after two consecutive attempts shall not sit for re-examination within 90 days of the last examination. Therefore, you are encouraged to sit for the first available exam.

POSTPONING or WITHDRAWING FROM EXAM

For more information regarding an examination, including registration, see the candidate bulletin at <https://test-takers.psiexams.com/hitrade>. Alternatively, you may register via telephone at (833) 333-4754

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**BOARD
INTERVIEW**

The Board usually meets in January, March, May, July, September and November.

Passing candidates will be scheduled for appearance before the Board for an interview.

When the meeting date is determined, a written notice will be sent to the applicant containing the date, time, and place of the Board meeting. If you intend to use a uniform, emblem, or badge please bring one set of photographs for the Board and additional sets for police departments of each county where you intend to do business. (See "Law Enforcement Badges".)

In the event the applicant cannot make the scheduled interview, the Executive Officer of the Board should be notified to reschedule the date.

Notification regarding the Board's decision will be sent through the mail. To protect the privacy of applicants, results are not released over the phone.

LICENSE REQUIREMENTS

Applicants approved by the Board will be required to **submit the following items** before a license will be issued:

BOND

A bond of not less than **\$5,000 issued by a surety authorized to conduct business in this State** on the form provided (PDG-05) shall be submitted. Bond form must be notarized by both the applicant and surety issuing the bond. The surety must indicate on Bond form the name of the principal or sole proprietor.

LICENSE FEES

- 1. If a license is issued between July 1, even-numbered year to
June 30, odd-numbered year, pay \$280
(License fee - \$34, Compliance Resolution Fund - \$148, 1/2 Renewal fee - \$98)
- 2. If a license is issued between July 1, odd-numbered year to
June 30, even-numbered year, pay \$108
(License fee - \$34, Compliance Resolution Fund - \$74)

Make checks payable to: **COMMERCE & CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

**UNIFORM/EMBLEM/
BADGE CLEARANCE**

In accordance with Chapter 16-97-14, HAR, photographs of any uniform, emblem, and badge, (if being used) will be required for Board and County approval. One set of photographs for the Board and additional sets for police departments of each county where you intend to do business will also be required. In addition, no licensee shall wear or permit any employee to wear any uniform, badge, identification, or emblem similar in design as that of any government law enforcement agency. (See "Law Enforcement Badges".)

MAINTAINING YOUR LICENSE

**EMPLOYEE
REGISTRATION
FORM**

Pursuant to Chapter 16-97-15, HAR, List of employees, every sole proprietor shall submit an Employee Registration form on or before July 31st and January 31st after the end of each semi-annual period. For guard agencies or sole proprietors providing guard services, the form (PDG-16a) shall list the name, address, guard employee registration number, date of hire and date of termination. For detective agencies or sole proprietors providing detective services, the form (PDG-16) shall list the names, addresses, dates of birth, and the dates of hire and termination of all employees doing any type of investigative work, and other information required on the form. These forms shall be filed even if no employees were hired or terminated. **Failure to do so shall result in the Board initiating an investigation for disciplinary action. Complete and submit form PDG-18 if you no longer have employees to stop the reporting requirements.** These forms are available on our website at: cca.hawaii.gov/pvl.

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MAINTAIN BOND

Maintain a bond in force at all times. Failure to maintain bonding will result in the immediate and concurrent suspension of the license until such time a successor bond is filed.

PLACE OF BUSINESS

A licensed sole proprietor Private Detective or Guard shall have and maintain a definite place of business where the licensee may be served notice and legal process in the State. A Post Office Box number is not acceptable as a place of business. Personal residence addresses may be used provided it is in compliance with the respective county zoning requirements.

NOTE: Using a residential address as a business address will make the residential address a disclosable public record.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, are subject to renewal on or before **June 30, of each even-numbered year.** Payment of renewal fees, information relative to conviction of the licensee of a crime which reflects unfavorably on the fitness of the licensee to engage in the profession, whether any psychiatric or psychological treatment has been recommended to the licensee, and evidence of a current bond are required. Licenses not renewed by June 30 are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. Forfeited licenses may be restored upon written application within one year and upon submittal of all required documents, fees, delinquent fees and a penalty fee.

Licenses who do not restore their licenses within the one year period are required to file as new applicants.

INACTIVE STATUS

Act 94, SLH 2004 established an inactive status which allows licensees, upon written request, to hold their licenses in abeyance if not currently being used in an effort to reduce a regulatory burden. This will result in lower renewal fees, the preservation of the previously met licensure requirements (i.e., experience and examinations) and reduce costs because bonds would not have to be maintained during the inactive period. An active license may be placed on inactive status by filing an "Inactivation Application" and paying the appropriate fee. While on inactive status, a licensee shall not be engaged in the practice of a private detective, guard, or agency. The license may be reactivated at any time by **filing an "Application for Reactivation/Status Change/Conversion"** and meeting all requirements established by the Board, including the payment of the appropriate fees, submittal of fingerprints to Fieldprint Inc. to obtain the FBI National and State Criminal History Record Check through the HCJDC, providing any information regarding any arrest or conviction of any crime that reflects unfavorably on the fitness of the licensee to engage in the profession, and information that the licensee, while on inactive status, has suffered a psychiatric or psychological disorder that is directly related and detrimental to the licensee's performance in the profession.

CHANGE TO SOLE PROPRIETOR

If you are presently the "responsible principal" or "subordinate principal" of an agency and wish to become a sole proprietor, submit a completed status change application (PDG-23), the appropriate fee and a letter requesting the status change. In addition, submit a letter from the entity stating the name of a new or additional principal detective or guard.

GENERAL INFORMATION**LAWS & RULES**

A copy of the laws, Chapter 463, HRS, and rules, Chapter 97, HAR, relating to private detectives and guards may be obtained by submitting a written request to: The Board of Private Detectives & Guards, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Private Detective and Guard".

CHANGES TO REQUIREMENTS

Applicants are subject to requirements in effect at the time of filing.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at 1-844-808-DCCA (3222) to submit your request.

**APPLICATION FOR EXAM & LICENSE -
GUARD or PRIVATE DETECTIVE**

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

Read "Requirements and Instructions" before completing this form.

Legal Full Name (First, Middle) _____ (Last) _____	FOR OFFICE USE	License No.: _____	Effective Date: _____
Residence Address (Include Apt. No., City, State and Zip Code) _____		PDA - _____ GDA - _____	
Mailing Address (ONLY if different from above) _____			
Hawaii Business Location (No P.O. Box) - If Sole Proprietor _____		Type of LICENSE you are applying for (Check only one): <input type="radio"/> GUARD <input type="radio"/> PRIVATE DETECTIVE	
Social Security No. _____	Phone No. (Days) _____	Employment Status (Check only one): <input type="radio"/> SOLE PROPRIETOR <input type="radio"/> PRINCIPAL OF AGENCY	
Email _____		If "responsible or subordinate principal", list name & address of employer. _____ _____	
Other Names Used (Include Nicknames) _____		_____ _____	
If "sole proprietor", list Trade Name (if any) and attach current Registration _____		Employer License No.: _____ Employer Phone No. (Days): _____	

EMPLOYMENT RECORD: For last 10 years. Start with present or last. Use additional sheets if necessary.	Dates (mo/yr)		Name & Address of Employer	Position Held	Reason for Leaving
	From	To			

(CONTINUED ON PAGE 2)

Appl	547	\$50	CRF	548	\$74/\$148
Lic	550	\$34	1/2 Renewal.....	540	\$98
			Service Charge.....	BCF	\$25

Print Name of Applicant: _____

Date: _____

EDUCATION	Dates (mo/yr)		Name & Location (city/state)	Position Held	Did you receive a diploma or certificate?
	From	To			
			High School		
			College/University		

Check your answers. If response is "YES" to questions 4 to 6, refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you at least 18 years old? 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 had at least FOUR (4) YEARS of full-time investigational work experience or guard service? YES NO
- 4) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 5) Have you ever been suspended or discharged by any employer? YES NO
- 6) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
- 7) a. Are you presently suffering from any psychiatric or psychological disorder? YES NO
 b. If response is "YES", have you received treatment? YES NO
- 8) a. Do you own or are you a partner in any business? YES NO
 b. If response is "YES", give name of partner and location of business: _____

- 9) a. Have you ever been a responsible or subordinate principal of any private detective or guard agency wherein you had direct management and control of the agency? YES NO
 b. If response is "YES", give name and location of agency: _____

- 10) a. Are you now or have you ever been licensed as a responsible or subordinate principal in this or any other jurisdiction? YES NO
 b. If response is "YES", give name of jurisdiction, type of license and effective date: _____

- c. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
 (If response is "YES", arrange to have the licensing authority send certified documents pertaining to the disciplinary action).
- d. Are there any disciplinary actions pending? YES NO
 (If response is "YES", arrange to have the licensing authority send certified documents pertaining to the disciplinary action).
- 11) Have you ever been denied a license by this Board or in another jurisdiction? YES NO
 (If response is "YES", explain on separate sheet and attach documentation.)

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____

Date: _____

12) If applying as a sole proprietor, do you plan to hire employees? YES NO

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

USE TAPE TO AFFIX
A RECENT PHOTOGRAPH
OF YOURSELF HERE.

(2" x 2", head and shoulders,
front view).

Print your name on
the back of the photo.

CERTIFICATION BY APPLICANT:

I hereby certify that the statements, answers and representations made in this application and the attachments thereto are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (*Section 710-1017, Sections 436B-19 and 463-4, Hawaii Revised Statutes*). I further certify that I have read and agree to comply with the laws and rules that the Board determines are required for licensure.

I, the undersigned, consent to be fingerprinted and to the retention of my fingerprints by the Hawaii Criminal Justice Data Center and FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. I also consent to the release of information to Department of Commerce and Consumer Affairs ("DCCA"), Board of Private Detective and Guards regarding criminal history information contained in my record for the purpose of determining my qualifications to be licensed, registered or employed as a principal detective, principal guard, detective or guard agency or guard employee. I understand that DCCA, Board of Private Detective and Guards may use information authorized by this release only for the purpose for which it is obtained.

SIGNATURE 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:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

EXPERIENCE VERIFICATION - GUARD

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

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME, DATE and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

Name of Applicant:	Mailing Address of Applicant:
Date:	

PART II. TO BE COMPLETED BY LICENSED GUARD SUPERVISOR OR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed guard or a former or current employer is necessary to provide valid and accurate verification of experience and guard duties. The Board requires that applicants shall have had experience reasonably equivalent to at least four years of full-time guard work. For Guards, the Board may accept employment: as a guard under the supervision of a licensed guard; as a guard by a private employer; as a police officer with a police department of a state or political subdivision; or as a guard with any federal, state, county, or municipal government agency. Acceptable verification is from a licensed guard (if employed by a guard agency); or an employer (attorney, insurance company, hotel, retail establishment, etc.) working with and/or responsible for the applicant who can attest to the guard work the applicant performed.

NOTE: If self-employed please provide verification of a valid guard or other appropriate license that allowed you to contract to provide guard services. **Please sign before a Notary Public.** Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form for submittal to the Board.

Name and Address of Supervisor	Employer's Name and Address
Title: _____	Type of Business: <input type="checkbox"/> Law Enforcement (federal, state, county, etc.) <input type="checkbox"/> Guard Agency <input type="checkbox"/> Government (federal, state, county, etc.) <input type="checkbox"/> Other (please list): _____
Guard License No. (if applicable): _____	Guard Agency License No. (if applicable): _____ (Attach copy of current license)
Years Licensed: _____	Years Licensed: _____

Applicant's Employment Information:			
Employment Date:	Termination Date:	Total Length of Employment:	Average Hours Per Week:
		yrs. mos.	

(CONTINUED ON PAGE 2)

*** NOTARIZED SIGNATURE REQUIRED ON PAGE 2 ***

Print Name of Applicant: _____

Date: _____

EXPERIENCE: 1. Describe in detail the guard work and duties performed by the applicant. (i.e. citizens arrest, case classification, safekeeping of persons or property, incident investigation and documentation, screening of individuals, securing of a premise or property, etc.)

CERTIFICATION BY APPLICANT:

I certify that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor, Employer, or Applicant if Self-Employed in front of a Notary Public

Date

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

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____

Notary Signature: _____
Date _____

EXPERIENCE VERIFICATION - PRIVATE DETECTIVE

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

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

Name of Applicant:	Mailing Address of Applicant:
Date:	

PART II. TO BE COMPLETED BY LICENSED DETECTIVE SUPERVISOR OR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed private detective or a former or current employer is necessary to provide valid and accurate verification of experience and investigative duties. The Board requires that applicants shall have had experience reasonably equivalent to at least four years of full-time investigational work. For private detectives, the Board may accept employment: as an investigator under the supervision of a licensed private detective; as a police officer with a police department of a state or political subdivision; as an investigator with any federal, state, county, or municipal government agency; or as an investigator by an attorney-at-law, law firm or other private entity. Acceptable verification is from a licensed private detective (if employed by a detective agency); or an employer (attorney, insurance company, hotel, retail establishment, etc.) working with and/or responsible for the applicant who can attest to the investigational work the applicant performed. NOTE: If self-employed, please provide verification of a valid private detective's or other appropriate license that allowed you to contract to provide investigational services. **Please sign before a Notary Public.** Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form for submittal to the Board.

Name and Address of Supervisor	Employer's Name and Address
Title: _____	Type of Business: <input type="checkbox"/> Law Enforcement (federal, state, county, etc.) <input type="checkbox"/> Private Detective Agency <input type="checkbox"/> Government (federal, state, county, etc.) <input type="checkbox"/> Other (please list): _____
Detective License No. (if applicable): _____	Detective Agency License No. (if applicable): _____ (Attach copy of current license)
Years Licensed: _____	Years Licensed: _____

Applicant's Employment Information:			
Employment Date:	Termination Date:	Total Length of Employment:	Average Hours Per Week:
		yrs. mos.	

(CONTINUED ON PAGE 2)

***** NOTARIZED SIGNATURE REQUIRED ON PAGE 2 *****

Print Name of Applicant: _____

Date: _____

EXPERIENCE: 1. Describe in detail the investigational work and duties performed by the applicant. (i.e. case investigation and documentation, review of criminal and civil history records, interviews of individuals, collection and handling of evidence, court testimony, surveillance, etc.)

CERTIFICATION BY APPLICANT:

I certify that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor, Employer, or Applicant if Self-Employed in front of a Notary Public

Date

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

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
Notary Signature: _____
Date _____