

LICENSE VERIFICATION - PRIVATE DETECTIVE AND GUARDS

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

State of Hawaii
 Dept. of Commerce & Consumer Affairs
 Board of Private Detective & Guards
 P.O. Box 3469
 Honolulu, HI 96801

NOTE: If you do not hold an out-of-state license, disregard this form.
 If you hold or have held a license(s) in any other state or jurisdictions, have the licensing authority of each state(s) or jurisdiction(s) complete this form.

PART I. TO BE COMPLETED BY APPLICANT

APPLICANT	Name of the corporation, partnership, LLC OR LLP; if individual, First, Middle, Last; include trade name if used:		
	Address (Include Apt. No., City, State and Zip Code)	Social Security No. (if individual)	License Type/License No.
			Date Issued
	I hereby authorize the licensing agency of _____ to furnish the information below for use by the State of Hawaii Board of Private Detective and Guards to evaluate my application for a Hawaii principal detective or guard; or a security guard training instructor license.		
SIGNATURE: _____		Date: _____	

PART II. TO BE COMPLETED BY LICENSING AGENCY AND RETURNED TO APPLICANT

LICENSING AGENCY	License No.: _____	Type of License: _____
	Effective Date: _____	Expiration Date: _____
	Please indicate the years of experience required by your agency for the Applicant to qualify for licensure in your state or jurisdiction.	
	Years: _____ <input type="checkbox"/> Other (please explain): _____	
	Applicant was licensed by: <input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other (please explain): _____	
	Has the Applicant ever been disciplined in your state or jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", please send a copy of your Board's administrative action or final order).	
Signature: _____ Name: _____ Title: _____ License Agency: _____ Date: _____	AGENCY SEAL	

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