

REQUIREMENTS & INSTRUCTIONS - GUARD INSTRUCTOR

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

THE LAW

In 2010, the Legislature established new training requirements for guards in HRS Chapter 463 (see Act 208, SLH 2010)

Pursuant to HRS Section 463-10.5(b), the Board is required to approve the training instructors and establish the training or course curricula.

The Board at its July 12, 2012 meeting established the minimum qualifications for Security Guard Training Instructors and an individual shall meet at least one of the following:

1. Be currently licensed as a principal guard with a guard agency for at least two (2) years;
2. Be currently certified as a Certified Protection Professional ("CPP") or Physical Security Professional ("PSP") by the American Society for Industrial Security, or a Certified Security Consultant ("CSC") by the International Association of Professional Security Consultants; or
3. Have four (4) years of experience:
 - a. As a guard* (anyone acting in a guard capacity), plus two (2) years of experience as a supervisor, trainer, instructor, or manager of guard employees;
 - b. As a guard* (anyone acting in a guard capacity), plus a Bachelor's Degree in Criminal Justice or its equivalent; or
 - c. As a law enforcement officer with a state or political subdivision thereof, or federal government as defined in HRS Section 710-1000(13).
4. Not have been convicted in any jurisdiction of a crime which reflects unfavorably on the fitness of the individual to act as a guard, unless the conviction has been annulled or expunged by court order; provided that the individual shall submit to a national criminal history record check as authorized by federal law, including, but not limited to the Private Security Officer Employment Authorization Act of 2004, and specified in the rules of the Board.

* A "guard" is defined in HRS Section 463-1 and HAR Section 16-97-2.

INSTRUCTIONS FOR FILING

APPLICATION

1. Use the 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 that it is not applicable with, "NA".
3. Sign and date 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:

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).

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**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 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.

NOTE: An Application to register as a guard instructor must be filled within thirty (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.

**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.

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

- A notarized statement 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 have your treating psychologist or physician **submit** a statement to the Board regarding the diagnosis and status of your psychiatric or psychological disorder.

CERTIFICATES

For applicants currently certified as a Certified Protection Professional ("CPP"), or Physical Security Professional ("PSP") by the American Society For Industrial Security, or a Certified Security Consultant ("CSC") by the International Association of Professional Security Consultants, **provide** proof of current certification or pocket card.

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BACHELOR'S DEGREE

For applicants who have obtained a Bachelor's Degree in Criminal Justice or its equivalent **provide** a copy of the diploma or official transcripts verifying completion.

NOTARIZED EXPERIENCE VERIFICATION FORMS (Guard - PDG-28)

For applicants verifying four (4) years as a law enforcement officer with a state or political subdivision thereof, or federal government as defined in HRS Section 710-1000(13) or as a guard or anyone acting in a guard capacity **attach** a **notarized** Experience Verification Form (Guard Instructor - PDG-28) 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 work and an additional two years as a supervisor, trainer, instructor or manager of guard employees.

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 work and duties as a supervisor, trainer, instructor or manager of guard employees performed by the applicant.

If you were self-employed and licensed in another state, **complete** and **attach** the appropriate notarized Experience Verification Form (PDG-28) as explained above **along with** the License Verification Form(s) (PDG-21) from that state Board(s) of your license status and of any disciplinary action taken.

LICENSE VERIFICATION

License Verification Forms (PDG-21) are required if licensed as a guard 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. Upon receipt of the completed form, attach this form with your application or have the licensing authority send the form directly to the Board. Forms are required for each state or jurisdiction in which a license is held.

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

OR

Deliver to office location at:

335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

FEES

Attach appropriate amount made payable to: *COMMERCE & CONSUMER AFFAIRS*. (Check must be made in U.S. dollars and be from a U.S. financial institution).

Check: \$50 Application fee (not refundable)

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

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Instructions for "YES" Answers to Questions (8) through (10) of the Application for Guard Instructor (PDG-27)

The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

- 1) Questions 8 - 10 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;
 - 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. If applicable, letters from your counselors or therapists discharging you from their programs and providing their conclusions and recommendations as to the extent of your rehabilitation; and
 - v. Letters of recommendation from any physicians, counselors and other members of the Community (no relatives) who can objectively attest in writing to a firm belief that you have been sufficiently rehabilitated to warrant the public's trust.

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.

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.

APPLICATION - GUARD INSTRUCTOR

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

Read the "Requirements and Instructions" before completing this form.

Full Legal Name (First, Middle)		(Last)
Residence Address (Include Apt. No., City, State and Zip Code)		
Mailing Address (ONLY if different from above)		
Social Security No.	Age	Phone No. (days)

FOR OFFICE USE	Approval Date:

The following are the minimum qualifications to be approved as a security guard training instructor. An applicant is required to meet at least one of the following (check all that apply):

- a. Currently licensed as a principal guard for at least 2 years;
Principal Guard Lic. No.: _____ Effective Date: _____
- b. Currently certified as a Certified Protection Professional ("CPP") or a Physical Security Professional ("PSP") by the American Society for Industrial Security, or as a Certified Security Consultant ("CSC") by the International Association of Professional Security Consultants;
Provide verification (e.g., copy of current certification, pocket card, etc.)
- c. Have four years of experience (complete and submit a notarized "Experience Verification - Guard Instructor" form PDG-28)
 - 1. As a guard*: **plus** two years of experience as a supervisor, trainer, instructor, or manager, of guard employees;
 - 2. As a guard: **plus** a bachelor's degree in Criminal Justice or its equivalent; or
 - 3. As a Law Enforcement Officer with a State or political subdivision thereof, or federal government as defined in HRS Section 710-1000(13).

* A "guard" is defined in HRS section 463-1 and HAR Section 16-97-2.

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Name of Applicant: _____

Date: _____

EMPLOYMENT RECORD: Verify at least 4 years experience as a guard. Start with current employment. Use additional sheets if necessary.	Dates (mo/yr)		Name & Address of Employer	Position Held	Reason for Leaving
	From	To			

EDUCATION	Dates (mo/yr)		Name & Location (city/state)	Did you receive a diploma or certificate?
	From	To		
			High School	<input type="radio"/> Yes <input type="radio"/> No
			College/University	<input type="radio"/> Yes <input type="radio"/> No

Check your answers. If response is "YES" to questions 5 to 8, 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 guard experience? YES NO
4. Have you obtained a high school (or equivalent) education? YES NO
Provide verification (e.g. copy of diploma, official transcripts, "GED", or certified copy of an associate's, bachelor's, master's, or doctorate degree).
5. Are you presently suffering from any psychiatric or psychological disorder? YES NO
(If response is "YES", submit statements from your treating psychologist or physician regarding the diagnosis and status of your psychiatric or psychological disorder.)
6. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

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Name of Applicant: _____

Date: _____

7a. Are you now or have you ever been licensed as a guard in this or any other jurisdiction? YES NO

b. If response is "YES", give name of jurisdiction, type of license, and effective dates:

c. Has any guard license ever been suspended, revoked, or otherwise subject to disciplinary action? YES NO

d. Are there any disciplinary actions pending? YES NO

(If response is "YES" to questions 7c and/or 7d, arrange to have the licensing authority send certified documents pertaining to the disciplinary action.)

8a. Have you ever been a principal of any guard agency wherein you had direct management and control of the agency? YES NO

b. If response is "YES", give name, license number and location of agency. (Provide license verification form (PDG-21) for each state in which you are licensed).

9. Have you ever been denied a guard license by this Board or in another jurisdiction? YES NO

(If "YES", explain on separate sheet and attach documentation.)

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 approve me as a security guard training instructor, and is a misdemeanor (see, HRS Sections 710-1017, 436B-19 and 463-4). I further certify that I have read and agree to comply with all laws and rules that apply to guards and individuals who act in a guard capacity.

I, the undersigned, consent to be fingerprinted and to the retention of my fingerprints by the Hawaii Criminal Justice Data Center. 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 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