

LICENSE VERIFICATION - PRIVATE DETECTIVE AND GUARDS

Access this form via website at: hawaii.gov/dcca/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 | Legal Name (First, Middle) | (Last) | Social Security No. |
| | Address (Include Apt. No., City, State and Zip Code) | | 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: _____ | AGENCY SEAL | |
| Name: _____ | | |
| Title: _____ | | |
| License Agency: _____ | | |
| Date: _____ | | |

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.