

**STATEMENT OF EDUCATIONAL BACKGROUND
TO REGISTER AS A GUARD UNDER
HRS CHAPTER 463 and ACT 208 (2010)**

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

PART I. TO BE COMPLETED BY APPLICANT			
<i>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.</i>			
NAME OF APPLICANT (First, Middle)		(Last)	
Address of Applicant	Other names used:		
	Provide date your application was submitted:	Phone No.:	

PART II. TO BE COMPLETED BY YOUR CURRENT OR FORMER EMPLOYER	
<i>An individual applying to register as a guard under HRS chapter 463 and Act 208, SLH 2010 is required to have a high school education or its equivalent. The following attestation made and signed by the employer may be accepted as equivalent to a high school education.</i>	
<p>I attest that _____ has had at least _____ years of work <small style="margin-left: 150px;">Name of Applicant</small></p> <p>experience from _____ to _____ demonstrating the ability to read, comprehend, apply written directions, and <small style="margin-left: 50px;">month/year month/year</small></p> <p>understand verbal instructions, has a reasonable degree of verbal skill, and is able to write clear, factual reports.</p> <p>I hereby certify that the statements, answers, and representations made in this statement and any attachments thereto are true and correct. I understand that any misrepresentation is grounds for refusal to register the applicant as a guard, and is a misdemeanor (see, HRS sections 710-1017, 436B-19, and 463-4).</p>	
_____ Print Name of Employer/Certifier	
_____ Signature of Employer/Certifier in front of Notary Public	_____ Date
<div style="border: 1px solid black; padding: 5px;"> <p><i>Subscribed and sworn to before me this</i> _____ day of _____ A.D. 20 ____ .</p> <p><i>Notary Signature:</i> _____</p> <p><i>Notary Public, State of:</i> _____</p> <p><i>My commission expires:</i> _____</p> <p><i>Print Name:</i> _____</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p><i>Doc. Date:</i> _____ <i>No. of Pages:</i> _____</p> <p><i>Notary Name:</i> _____ <i>Circuit Court:</i> _____</p> <p><i>Doc. Description</i> _____</p> <p>_____</p> <p><i>Notary Signature:</i> _____</p> <p><i>Date:</i> _____</p> </div>

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.