

# APPLICATION FOR ADDITIONAL CLASSIFICATION - CONTRACTOR

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

<i>READ FILING INSTRUCTIONS ON REVERSE SIDE</i>		<b>Lic. No.</b>	<b>Eff Date:</b>
Name of Applicant		<b>FOR OFFICE USE</b>	
Business/Residence Address (include apt. no., city, state & zip code)			
Mailing Address (ONLY if different from above)			
Social Security No. or Federal Employer I.D. No.	Phone No. (days)	<b>CLASS(ES):</b>  Classification requesting (check): <input type="checkbox"/> "A" - General Engineering Contracting <input type="checkbox"/> "B" - General Building Contracting <input type="checkbox"/> "C" - Specialty Contracting. Indicate symbol(s): _____ _____ _____	
Check only one: <input type="checkbox"/> Individual (sole owner) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture (J/V) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Responsible Managing Employee (RME)	License No.: _____ Class(es) Held: _____		
If applicant is a corporation, partnership, J/V, LLC, LLP, provide: Name of RME: _____ Lic. No. - _____		Applicants for the C-19 ASBESTOS classification are required to submit approved proof of training. Refer to the information/instructions on the reverse side.	
If applicant is a Responsible Managing Employee (RME), provide: Name of employing firm: _____ Lic. No. - _____			

RME APPLICANTS ONLY	Employer (if self-employed, so state)	Description of Work in Detail	Dates (Month/Yr)	
			From	To
	Name			
	Address			
	Name			
	Address			
	Name			
	Address			
List Names of five (5) major projects you have supervised in classification being requested. Attach additional sheets, if necessary. 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ Outline scope of work performed by you as a supervisor:				

I hereby certify that the statements contained in this application are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

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.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





## COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made.

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "*Personnel of Record*" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

**IMPORTANT:** You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, RETURN IT TO THE APPLICANT SO THE APPLICANT MAY ATTACH IT TO THE APPLICATION.

**IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.**

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant _____	Classification requesting (check) <input type="checkbox"/> A - General Engineering <input type="checkbox"/> B - General Building <input type="checkbox"/> C - _____ <input type="checkbox"/> C - _____
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THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant: <input type="checkbox"/> EMPLOYER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> RME Lic. # _____ Classifications held: _____  <input type="checkbox"/> FELLOW EMPLOYEE  <input type="checkbox"/> JOURNEYMAN  <input type="checkbox"/> OTHER (specify): _____ _____	Employment Dates (mo/yr): <hr/> From: _____ To: _____ <hr/> Length of service: Yrs. _____ mos. _____ <hr/> Dates applicant has supervised: From: _____ To: _____ TOTAL TIME: _____  <input type="checkbox"/> FULL-TIME  <input type="checkbox"/> PART-TIME - _____ Hours per week, if part-time _____	Indicate LEVEL applicant worked at: <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____ _____ (Refer to the board's definitions of each of the above levels on the reverse side.) Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? (Circle or underline your answer.) YES NO  Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing? YES NO
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DESCRIBE IN DETAIL THE TYPE OF SUPERVISORY WORK PERFORMED BY THE APPLICANT:


Section 444-30, HRS, of the contractors license law provides that: Any person or his agent who files with the Contractors License Board any notice, statement, or other document required under the provisions of the contractors license law, which is false or untrue or contains any material misstatement of fact is guilty of a misdemeanor.

Certification of Person Completing this Form:

I, \_\_\_\_\_ hereby certify that I have personally known the person named \_\_\_\_\_  
 \_\_\_\_\_  
 (Print name of certifier)

as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of the Certifier

Subscribed and sworn to before me

Print Your Name \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Address of Certifier \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

Contractors License No. ENTITY: \_\_\_\_\_ / RME: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Licensed Classifications of Certifier \_\_\_\_\_ State \_\_\_\_\_

Home Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Business Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

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 \_\_\_\_\_  
 (Print name of certifier)

as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

Date _____	_____ Signature of the Certifier
Subscribed and sworn to before me	Print Your Name _____
This _____ day of _____ 20 _____	Address of Certifier _____
_____	Contractors License No. ENTITY: _____ / RME: _____
Notary Public, State of _____	Licensed Classifications of Certifier _____ State _____
My commission expires: _____	Home Phone No. ( _____ ) _____
	Business Phone No. ( _____ ) _____

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CONTRACTORS FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of \_\_\_\_\_, 20\_\_\_\_ (not more than one year old) is for:

Name of Applicant: \_\_\_\_\_
(Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP)

Note: The name listed on this financial statement must be exactly the same name listed on your application under "Name of Applicant".

ASSETS:

CURRENT ASSETS:

Cash (include checking account)..... \$ \_\_\_\_\_
Savings account ..... \_\_\_\_\_
Time certificates (within 1 year) ..... \_\_\_\_\_
Deposit with bids ..... \_\_\_\_\_
TOTAL CASH ..... \$ \_\_\_\_\_
Accounts receivable (completed contracts) ..... \_\_\_\_\_
Earned estimated and retainage (uncompleted contracts) ..... \_\_\_\_\_
Other accounts receivable ..... \_\_\_\_\_
Work in progress (unbilled) ..... \_\_\_\_\_
Notes receivable ..... \_\_\_\_\_
Stocks and bonds ..... \_\_\_\_\_
Life insurance (cash value) ..... \_\_\_\_\_
Other current assets ..... \_\_\_\_\_
TOTAL CURRENT ASSETS ..... \$ \_\_\_\_\_

OTHER ASSETS:

Material in stock (not included in any items above) ..... \$ \_\_\_\_\_
inventory or other materials ..... \_\_\_\_\_
Other assets ..... \_\_\_\_\_
TOTAL OTHER ASSETS ..... \$ \_\_\_\_\_

FIXED ASSETS:

Equipment at net book value ..... \$ \_\_\_\_\_
Real estate ..... \_\_\_\_\_
Furniture and fixtures at net book value ..... \_\_\_\_\_
Tools ..... \_\_\_\_\_
Other fixed assets ..... \_\_\_\_\_
TOTAL FIXED ASSETS ..... \$ \_\_\_\_\_

TOTAL ASSETS..... \$ \_\_\_\_\_

LIABILITIES:

CURRENT LIABILITIES:

Notes payable (due within one year):
To banks regular \$ \_\_\_\_\_
To material men ..... \_\_\_\_\_
To other (exclusive of Equipment) ..... \_\_\_\_\_
TOTAL NOTES PAYABLE ..... \$ \_\_\_\_\_
Account payable:
Subcontractors ..... \$ \_\_\_\_\_
Material men ..... \_\_\_\_\_
Others ..... \_\_\_\_\_
TOTAL ACCOUNTS PAYABLE ..... \$ \_\_\_\_\_
Current maturities (long-term debt) ..... \$ \_\_\_\_\_
Accrued payrolls ..... \_\_\_\_\_
Federal and state income tax..... \_\_\_\_\_
Payroll taxes (including F.I.C.A. S.U.I. and income taxes withheld) ..... \_\_\_\_\_
Other accrued taxes, interest, etc. .... \_\_\_\_\_
Encumbrances on equipment (due within 1 year) ..... \_\_\_\_\_
OTHER CURRENT LIABILITIES (specify):
.....
TOTAL CURRENT LIABILITIES ..... \$ \_\_\_\_\_

LONG-TERM LIABILITIES:

Long-term debt (less portion due within one year) ..... \$ \_\_\_\_\_
Encumbrances on equipment (due after 1 year) ..... \_\_\_\_\_
Encumbrances on real estate..... \_\_\_\_\_
Billings in excess of cost on uncompleted contracts ..... \_\_\_\_\_
Other long-term liabilities (specify):
.....
TOTAL LONG-TERM LIABILITIES ..... \$ \_\_\_\_\_
TOTAL LIABILITIES ..... \$ \_\_\_\_\_

NET WORTH:

Capital stock (if corporation, show shares authorized, issued-par value) ..... \$ \_\_\_\_\_
Surplus ..... \_\_\_\_\_
TOTAL NET WORTH ..... \$ \_\_\_\_\_
TOTAL LIABILITIES AND NET WORTH ..... \$ \_\_\_\_\_

This statement must be signed, whether accountant uses this form or his own.

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I certify that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Sec. 710-1017, Sections 436B-19, and 444-17, Hawaii Revised Statutes).

SIGNATURE OF APPLICANT: \_\_\_\_\_
TITLE (owner, president, etc.): \_\_\_\_\_

In the opinion of the undersigned, the above statement fairly presents, on the date indicated, the financial condition of the applicant. The undersigned has no interest in the above enterprise.

SIGNATURE OF C.P.A. or P.A.: \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_
PRINT NAME: \_\_\_\_\_ STATE \_\_\_\_\_

SHALL BE PREPARED AND SIGNED BY A LICENSED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT HOLDING A CURRENT PERMIT TO PRACTICE. IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF A CURRENT LICENSE. Note: Financial Statements prepared by bookkeepers and tax preparers are not acceptable.