

REQUIREMENTS FOR REACTIVATION/STATUS CHANGE BOND WAIVER/CONVERSION - CONTRACTORS

Mail required documents to:
CONTRACTORS LICENSE BOARD
DCCA, PVL Licensing Division
P. O. Box 3469
Honolulu, HI 96801

OR
Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:
Molokai & Lanai: 1-800-468-4644 ext. 6-3000
Hawaii: 974-4000 ext. 6-3000
Maui: 984-2400 ext.6-3000
Kauai: 274-3141 ext. 6-3000

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

NO APPLICATION/FEES REQUIRED FOR THE FOLLOWING:

Changing from "Conditional" Status to "Unconditional" status

Submit a letter requesting that your license be placed on "Unconditional" status. Letter must include mailing address and license number.

Note: *Additional documentation may be required for conversion to unconditional status.*

ENTITY with current license appointing a New RME or Additional RME with current license

Confirmation of the change in status is required.

1. **Submit** letter from entity stating name of new or additional RME.
2. **Submit** letter from RME stating change from one entity to another.
3. A signed "*Principal RME Designation*" form (available at board's office), if applicable.

Please note:

1. If an entity is not licensed in Hawaii, a new application must be filed.
2. If the RME is not licensed in Hawaii, a new application must be filed.
3. If both the entity and RME do not hold the same classifications, then an "*Application for Additional Classification*" must be filed by the entity.
4. If a sole proprietor changes to another entity (Corporation, Partnership, J/V, LLC, LLP), the entity must apply for a new license. The sole proprietor's status will change to Responsible Managing Employee, and thereafter two licenses (entity & RME) must be maintained.

RME changing entity affiliation or presently a Sole Proprietor going to be an RME

Refer to same requirements as ENTITY appointing a new RME.

To be an RME for more than one entity, or to remain a sole proprietor while also serving as an RME for an entity, submit a letter requesting "**dual status**". Certain conditions must be met to qualify for dual status. Call Board office for details.

APPLICATION/FEES ARE REQUIRED FOR THE FOLLOWING:

Changing from "Active" status to "Inactive" status

1. \$10 fee and complete "Inactivation" application (LB-51). Contact the board's office for application. Note: Entity's insurance status must be **current** to place license on "inactive".

Conversion to another entity

1. \$50 fee and complete application (CT-15).
2. A "file-stamped" copy of the Articles of Organization for the new entity filed with the Business Registration Division of the Department of Commerce and Consumer Affairs (BREG). Contact them at (808) 586-2727.
3. Copy of Certificate of Conversion issued by BREG.
4. Rider or new certificate of liability and worker's compensation insurance.
5. If bond is required – Rider or new bond to reflect new name.

Presently Active and Reactivating C-19 Asbestos Class (RME & Sole Proprietor only)

1. \$50 fee and completing an application (CT-15).
2. **Submit** proof of completing a current EPA-approved asbestos 8-hour refresher training course.

THE FOLLOWING ACTIONS REQUIRE BOARD APPROVAL and must be received in the board's Honolulu office on or before the 20th day of the month prior to the scheduled meeting date. The board is scheduled to meet once a month, except for the month of December. Make checks payable to Commerce & Consumer Affairs.

Presently Inactive and will be reactivating as RME

1. \$50 fee and complete application (CT-15).
2. Letter from entity stating that he/she will be their RME. (If the entity is not licensed in Hawaii, a new application must be filed along with this application.)

Presently Inactive and Will be reactivating as RME (continued)

3. **Credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date. **(If RME inactive for less than 60 day period, no credit report is required.)**
4. If you hold a *C-19* Asbestos classification, submit proof of current EPA asbestos refresher training course.

Presently a RME and Changing to Sole Proprietor

1. \$50 fee and complete application (*CT-15*).
2. Letter from RME verifying dissociation from contracting entity.
3. **Submit financial statement** (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license.
4. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
5. **Credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.

Presently Inactive and will be Reactivating as Sole Proprietor

1. \$50 fee and complete application (*CT-15*).
2. **Submit financial statement** (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license.
3. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
4. **Credit report** covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. If you hold a *C-19* Asbestos classification, **submit** proof of current EPA-approved asbestos 8 hour refresher training course.

Presently Inactive Corporation, Partnership, Joint Venture, Limited Liability Company or Limited Liability Partnership and will be Reactivating

1. \$50 fee and complete application (*CT-15*).
2. **Submit financial statement** (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license.
3. A current Hawaii State **Tax Clearance, (not more than 6 months old)** with an original State Department of Taxation stamp.
4. **Credit report** of officers/partners/managers/members and RME covering prior 5 year history. Issue date of credit report must be within 6 months of reactivation request date.
5. Letter from RME stating status change. (If not licensed in Hawaii, a new application must be filed along with this application.)
6. Certificate of Good Standing for business entity which can be obtained from the Department of Commerce and Consumer Affairs, Business Registration Division (phone: (808) 586-2727).

Presently Active Specialty and Reactivating "A" General Engineering or "B" General Building Class(es) (Entities & Sole Proprietor only)

1. \$50 fee and complete application (*CT-15*).
2. **Submit financial statement** (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license.

Bond Waiver

1. \$25 fee and complete application (*CT-15*).
2. **Submit financial statement** (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license.

Note: Upon approval by the board, the following may be due:

- Evidence of liability-property damage insurance
- Evidence of workers compensation insurance
- Applicable fees
- Business address
- Trade name registration
- A signed "*Principal RME Designation*" form (available at board's office) and, if applicable other items that may be required by the board

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 FOR REACTIVATION, STATUS CHANGE,
BOND WAIVER, CONVERSION - CONTRACTOR**

(Read attached instructions)

Name of Applicant (Sole proprietor/RME: First, Middle, Last; or give name of entity)

Trade Name (if any)

Hawaii Business/Residence address (include apt. no., city, state & zip code)

Mailing address (if different from above)

Social Security No.

Phone No. (days)
()

FOR BOARD USE ONLY

Lic. No.

Eff. Date

CT-

CLASS(ES):

Check only one:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Responsible Managing Employee (RME) |
| <input type="checkbox"/> Joint Venture (J/V) | |

License No. Held:

Classification(s) Held:

Classification(s) Reactivating:

Application is being made to: (check one)

- REACTIVATE CLASS** **REACTIVATE LICENSE** **CHANGE STATUS** **BOND WAIVER** **CONVERSION**

If applicant is corporation, partnership, J/V, LLC, or LLP, provide:

If applicant is Responsible Managing Employee (RME), provide:

Name of RME:

Name of employing firm:

License No.:

License No.:

Complete only if applicant is **reactivating a license as a corporation, partnership, J/V, LLC, or LLP**. List name(s) of officers, directors, managers, or members. **(Note: Each name(s) listed requires a credit report.)**

Provide Name and circle title		Provide Name and circle title	
President, Manager, Member or Partner		Secretary, Manager, Member or Partner	
Vice-President, Manager, Member or Partner		Treasurer, Manager, Member or Partner	

The undersigned hereby applies for license pursuant to the provisions of Chapter 444, Hawaii Revised Statutes, and vouches for the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements hereto attached.

I hereby certify that the statements, answers and representations made in this application and in the documents submitted are true and correct. I understand that any material misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 444-17, Hawaii Revised Statutes.) I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 444 and Hawaii Administrative Rules, Chapter 77.

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

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.