

APPLICATION FOR REGISTRATION –

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

APPRENTICE ELEVATOR MECHANIC

Instruction for Filing

- 1) Complete Section 1 in dark ink. Please print legibly.
- 2) Have the Supervising Elevator Mechanic or the Responsible Managing Employee (RME) complete Section 2.
- 3) **Attach** the fee of \$100 (Appl - \$40 + Permit - \$60). Make check payable to: *COMMERCE & CONSUMER AFFAIRS*. (Note: A \$25.00 service charge shall be assessed for payments dishonored for any reason.)
- 4) Mail to:
Elevator Mechanic Licensing Board or
DCCA, PVL, Licensing Branch Deliver to office location at:
P.O. Box 3469 *335 Merchant St., Room 301*
Honolulu, HI 96801 *Honolulu, HI 96813*

FOR OFFICE USE

APPROVED DENIED Initials/date

Date Registered

Reg. No.
EVA -

SECTION 1 To be completed by applicant	Legal Name (First, Middle) (LAST)	Circle or underline answers and explain if needed: 1) Are you at least 18 years of age?..... YES NO 2) Are you a U.S. citizen, U.S. national, or an alien authorized to work in the United States? YES NO 3) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO <i>(if "yes" provide information on the date, place, and type of conviction on a separate sheet.)</i>
	Mailing Address (Include apt. no., city, state and zip code):	
	Social Security No. Phone No. (days)	
SECTION 2 To be completed by Supervising Elevator Mechanic/RME Of Contracting firm	Name & Address of Employer	Date of Employment (The four-year apprenticeship period starts with the date of registration with DCCA and not the date of employment.)
	Description of duties to be performed by the apprentice: • Failure to provide the requested information will result in this form being returned to you for completion.	
	<input type="checkbox"/> I certify that the statements contained in Section 2 of this application are true and correct and that I will provide direct or general supervision of all work performed by the apprentice. (Elevator Mechanic)	
	<input type="checkbox"/> I certify that the statements contained in Section 2 of this application are true and correct and that I will insure that a licensed elevator mechanic shall provide direct or general supervision of all work performed by the apprentice. (RME)	
_____ Date		_____ Print Name of Elevator Mechanic/RME _____ Signature of Elevator Mechanic/RME Lic. No. (EVM/RME) - _____

Certification of Applicant:

I hereby certify that the statements, answers, and representations made in this application are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of apprentice registration and is a misdemeanor (Section 710-1017 and Section 436B-19, Hawaii Revised Statutes and Section 16-81-29, Hawaii Administrative Rules.) I further certify that I have read and will abide by the provisions of Ch. 448, HRS and Ch. 81, HAR.

_____ Date

_____ Signature of Applicant