

INSTRUCTIONS FOR FILING - ELEVATOR MECHANIC TEMPORARY PERMIT

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

Applicants are subject to requirements prescribed in the laws and rules of the Elevator Mechanics Licensing board, Chapter 448H, HRS, and Chapter 81, HAR, effective at time of application.

All applicants for a temporary elevator mechanic permit shall:

1. Complete the application form by typing or printing legibly in dark ink.

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

2. **Attach** fee of \$100 (*Non-refundable Application fee - \$40, Permit - \$60*). Check made payable to: *Commerce & Consumer Affairs*.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

3. **Submit** a statement on official letterhead from a union representative of the originating state or another competent authority, or provide documents which can verify that the applicant passed the examination given by the joint committee of the National Elevator Industry Education Program or an Elevator Constructors Union (provide specific date of passing the exam).
4. **Submit** an "Experience Verification" form completed by your employer in another state verifying that the applicant has been employed as an elevator mechanic.
5. Mail all required items to:

Elevator Mechanics Licensing Board
DCCA, PVL Licensing Branch
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

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GENERAL INFORMATION ON TEMPORARY PERMITS

Temporary permits may be issued only when there is a shortage of personnel licensed under Chapter 448H, HRS.

Temporary permits will be issued for a three-month period. A **maximum** of two consecutive temporary permits may be issued to any one individual. Submit a completed application and fee of \$100.

If any temporary permittee should take the elevator mechanic exam and fail to pass the exam, the temporary permit shall be cancelled, subject to Section 16-81-24, Hawaii Administrative Rules.

Abandonment of Application

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Instructions for "Yes" Answers to Questions (4) through (6) of the Application for License (EM-03)

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 4 and 5 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, read paragraph "B" below, **AND** you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents; and
 2. If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders;
 - iv. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.
- Note:** If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.
- B. If you answered "yes" to questions (4) through (6), your application will be reviewed at an Elevator Mechanic Board meeting **if you have provided all applicable information and documents as described above**. The Board will not review incomplete applications. If you wish to present oral testimony at the Meeting, submit a written request with your application.

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 TEMPORARY PERMIT -
ELEVATOR MECHANIC**

Approved [] Initials/Date:

Denied []

Effective Date: Temp Permit No.

Expiration Date

FOR OFFICE USE ONLY

Legal Name (First, Middle)

(Last)

Residence Address (Include apt. no., city, state, & zip code)

Mailing Address (ONLY if different from residence)

Social Security No.

Phone No. (days)

SECTION I: TO BE COMPLETED BY APPLICANT

Experience in other state (Print legibly):

- a. Name of last employer in other state _____
- b. Employer's address _____
- c. Employer's telephone number (_____) _____
- d. Number of years of experience in elevator industry _____
- e. Did you qualify as an elevator mechanic by passing the examination given by the joint committee of the National Elevator Industry Education Program or an Elevator Constructor's Union? _____
 What year did you qualify? _____
 If not, explain how license was obtained _____

- f. Description of duties performed _____

Circle answers. If response is "Yes" to questions 4 to 6, refer to the instructions for additional documents that must be submitted with this application.

- 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) Have you ever held an elevator mechanic's license in any state of the United States? YES NO
 State licensed _____ Date licensed _____
- 4) Have any license ever been revoked, suspended, or made probationary or conditional, or otherwise subject to disciplinary action? YES NO
- 5) Are you presently being investigated or is any disciplinary action pending against you which is directly related to the work of an elevator mechanic? YES NO
- 6) 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

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Appl/Temp Permit 202 \$100
 Service Charge BCF \$25

Name of Applicant _____

SECTION I (Continued)	EMPLOYMENT EXPERIENCE during last five (5) years. (List most recent employment first.)			
	FROM (Mo., Day, Yr.)	TO (Mo., Day, Yr.)	YOUR POSITION	NAME AND ADDRESS OF EMPLOYER

SECTION II: TO BE COMPLETED BY EMPLOYER	Name of Prospective Employer	Prospective Employer's Address
	Description of duties to be performed:	
<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>		<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Employer</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Print Name</p>

Certification of Applicant:

I hereby certify that the statements, answers, and representations made in this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of my temporary permit and is a misdemeanor (Section 710-1017, 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 Hawaii Revised Statutes, Chapter 448H and Hawaii Administrative Rules, Chapter 81.

Date

Signature of Applicant

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.

EXPERIENCE VERIFICATION (OUTSIDE OF HAWAII) - TEMPORARY ELEVATOR MECHANIC PERMIT

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

Instructions:

1. This form is to be completed by your out-of-state employer verifying your experience as an elevator mechanic.
 - **Failure to provide all the requested information will delay the processing of your application.**
2. Use typewriter if available or print legibly in dark ink.
3. Attach the completed form to your application and mail to the board's office:

*Elevator Mechanics Licensing Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

or

*Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813*

Name of Applicant (First, Middle)	(LAST)	Effective Date of Employment	Termination Date	Total Length of Service yrs. mos.
DESCRIBE IN DETAIL below the type of elevator mechanic work performed by the applicant in specific areas • Failure to provide the requested information will result in this form being returned to you for completion.		Supervisor's Name	Supervisor's License No.	Hours a Week in Specific Area
Print Employer's Name		Print Out-of-State Employer's Address		
		Phone No. (days)		

I hereby certify that the experience verified for this applicant and the statements made in this experience verification form and any accompanying documents are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of this applicant's license and is a misdemeanor (Section 710-1017, Section 436B-19, Hawaii Revised Statutes and Section 16-81-29, Hawaii Administrative Rules).

_____	_____
Date	Print Name
_____	_____
	Employer's Signature

	Title