BOARD OF PRIVATE DETECTIVES AND GUARDS
EMPLOYEE REGISTRATION FORM

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

State of Hawaii, Dept. of Commerce and Consumer Affairs
Professional & Vocational Licensing Division
335 Merchant St., Rm. 301 or P.O. Box 3469
Honolulu, HI 96813 Honolulu, HI 96801
Phone: (808) 586-3000

_____
Name of Private Detective/Guard/Agency or Sole (Not tradename)

_____
Hawaii Business Address on file with DCCA (Not P.O. Box)

[ ] √ Here if this is a new Hawaii Business Address

License No. of GDA _____ or PDA _____ or Sole _____

Circle The Quarter You Are Reporting: **Jan-Mar** **April-June** **July-Sept** **Oct-Dec**

Reporting Year:
20_____

Instructions for filing:
1. Complete **all fields** for each employee and indicate that their educational, criminal, psychiatric, and psychological histories have been verified. Form will be returned if information is incomplete.
2. Submit **completed** registration forms within ten (10) calendar days after the end of each calendar quarters. **(Jan. 10, April 10, July 10, Oct. 10). Failure to do so shall result in the Board initiating an investigation for disciplinary action. Notify the Board in writing if you no longer have employees to stop the reporting requirements. Submit completed PDG-18.**
3. Submit **original** forms. Make a copy for your files prior to submittal.

Name & Address	Birthdate	Education	Criminal	Psychiatric	Psychological	Date of Hire	Termination Date
Name Address		[ ]	[ ]	[ ]	[ ]		
Name Address		[ ]	[ ]	[ ]	[ ]		
Name Address		[ ]	[ ]	[ ]	[ ]		
Name Address		[ ]	[ ]	[ ]	[ ]		
Name Address		[ ]	[ ]	[ ]	[ ]		
Name Address		[ ]	[ ]	[ ]	[ ]		

Certification of Employer:

I hereby certify that the above information is true and correct, and that each of the above employee's educational, criminal, psychiatric, and psychological histories have been verified and are in compliance with the requirements of Chapter 463, HRS and Chapter 16-97, HAR prior to being hired.

_____ _____ Lic. No. _____ _____
Date Name of Principal **(Please Print)** Signature of Principal