LICENSE VERIFICATION - ELECTRICIANS AND PLUMBERS

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

NOTE: If you do not hold an out-of-state license, disregard this form.
If you hold or have held a license in any other state or jurisdictions, have the licensing authority complete this form.

State of Hawaii
Dept. of Commerce and Consumer Affairs
Board of Electricians and Plumbers
P.O. Box 3469
Honolulu, HI 96801

APPLICANT

Name (First, Middle)	(Last)	Social Security Number
Address (Include Apt. No., City, State and Zip Code)		License No.
		Date Issued

I hereby authorize the licensing agency of _____ to furnish the information below for use by the State of Hawaii Board of Electricians and Plumbers.

_____ SIGNATURE OF APPLICANT

_____ DATE

LICENSING AGENCY

TO BE COMPLETED BY LICENSING AGENCY AND RETURNED TO APPLICANT.

License No.: _____ Type of License: _____

Effective Date: _____ Expiration Date: _____

Type of Experience: ☐ Apprenticeship ☐ On-the-Job Training

Please indicate the amount of experience and/or training (years and hours) required by your agency for the applicant to qualify for licensure.

Years: _____ ☐ Other (please explain): _____

Hours: _____ _____

Licensure by:

☐ Examination ☐ Other (please explain): _____

☐ Reciprocity _____

Has the license been encumbered in any way (revoked, suspended, or currently pending disciplinary action)?

☐ No ☐ Yes (If "yes", please send a copy of your board's):

1. Administrative Action
2. Final Order

Signature: _____

Print Name: _____

Title: _____

License Agency: _____

Date: _____

AGENCY SEAL

Print Form

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.