Print Form

HAWAII INSURANCE DIVISION

Request for Duplicate License

Name as it appears on the Hawaii license certificate	
HI License No.:	HI Entity ID:

Duplicate license will be mailed to the mailing address on the record.	☐ Or, specify another mailing address. Note: Your mailing address in our database will not be changed based on the information below. To update your mailing address you will need to submit a Notice of Address Change (Form AC).

Physical Street or P.O. Box:		
City	State	Zip Code or Foreign Country

If you would like a copy faxed prior to mailing the original, check this box and provide your fax number.	☐ Fax:

Signature of Licensee[1] _____ Print Name of Signer _____

[1]For individual licensee, the individual must sign. For agency, the Designated Representative named on the license must sign.

Hawaii Insurance Division, 335 Merchant Street - Room 213, Honolulu, Hawaii 96813	
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E-mail: InsLic@dcca.hawaii.gov	Fax: 808-587-6714