RENEWAL APPLICATION INSTRUCTIONS FOR DOWNLOADABLE RENEWAL FORM

LICENSE TYPE: REAL ESTATE SALESPERSON LICENSE STATUS: ACTIVE

Online renewal will be available to midnight 12/31/12 Hawaii Standard Time at https://pvl.ehawaii.gov/renewals. There are many benefits to renewing online: it's EASY, it's QUICK, and it's SECURE. Thus, we strongly recommend use of the online renewal system!! In addition, by renewing online, you will be able to confirm whether or not your license has been renewed within 3 business days by going to http://pvl.ehawaii.gov/pvlsearch/app. If your online renewal was successfully processed, your pocket ID card will be mailed out to you within approximately 7 business days.

HOWEVER, if you prefer to not renew online or you are not able to renew online, you may renew your license via this hardcopy application. (DO NOT RENEW ONLINE <u>AND</u> VIA HARDCOPY.) Processing of hardcopy renewals take approximately 2 to 3 weeks. Your pocket ID card will be mailed out approximately 7 business days AFTER the 2 - 3 week processing period. Please read the below as well as the document "INSTRUCTIONS - RENEWING YOUR REAL ESTATE LICENSE".

In order to renew via a hardcopy application that you download, please note the following:

1. Before downloading and submitting any renewal forms, please **ensure that you are eligible to renew at this time** by checking your license status at http://pvl.ehawaii.gov/pvlsearch/app. Your status should show as:

STATUS: VALID THRU EXPIRATION DATE, SUBJECT TO RENEWAL

- 2. If your status does NOT reflect the above but your license expiration date is 12/31/2012, please contact our office by calling (808) 586-3000 or emailing the board using the link on the board's webpage so we may review your records.
- 3. If you submit a renewal form and fees in error, you may need to wait up to 10 weeks <u>after</u> the close of the renewal period (12/31/2012) to obtain a refund.
- 4. If you are eligible for renewal at this time, you will be receiving a reminder postcard to renew or a renewal form. If the original address printed on the postcard or form is NOT the address you would like us to continue to use, please indicate the new address on the hardcopy renewal form BY CLEARLY CHECKING THE BOX ON THE FORM REGARDING ADDRESS CHANGES.
- 5. As there might be several renewal forms to choose from for the various categories of license types, please be sure to select the correct renewal form (correct license type). Use of an incorrect form will substantially delay the processing of your renewal, and extensions to the renewal deadline will not be given. THIS IS THE RENEWAL FORM FOR REAL ESTATE SALESPERSON (LICENSE TYPE "RS") WHO ARE CURRENTLY ACTIVE STATUS.
- 6. Print, complete, and submit only ONE form per license you are renewing. Please complete the form electronically using the fillable fields as much as possible. However, some of the required information may need to be filled out manually after you print the form.
- 7. BE SURE TO ENTER YOUR LICENSE TYPE AND/OR LICENSE NUMBER ACCURATELY WHEREVER IT IS REQUESTED. TYPE IN YOUR LICENSE TYPE (ALL CAPS) AND LICENSE NUMBER IN THE APPROPRIATE BOXES AT THE TOP SECTION AND THE BOTTOM OF THE APPLICATION FORM. DO NOT INPUT ANY ADDITIONAL SPACES OR CHARACTERS. It is your responsibility to ensure that ALL required information such as your name, address, license number, changes/updates, responses to the three (3) questions, your signature and date have been completed on the form before you submit it to our office.
- 8. Mail the form along with the appropriate fee made payable to "DCCA" to:

DCCA PVL - Renewal
PO Box 3469
OR
HONOLULU HI 96801
DCCA PVL - Renewal
335 MERCHANT ST 301
HONOLULU HI 96813

REAL ESTATE COMMISSION

REAL ESTATE SALESPERSON

RS - ACTIVE

This form is for the renewal of your license for the next license period, JAN '13 - DEC '14. Instructions & information are on the enclosed sheet. DO NOT USE THIS FORM AFTER DEC 31 '13 .

LICENSE NO.:

L I	LICENSEE'S NAME & ADDRESS OF RECORD:					
C E						
N						
S E						
D						
A T	LICENSE NO: RS -					
Å	FILE NO: Not applicable					
	DIVIDICANCE EVALUATION DATE DEC 24.42					
F	By LICENSE EXPIRATION DATE DEC 31 12 a TOTAL of \$ 180.00 is d	<u>'</u> , ue. <=======	ON-TIME	FEE ***		
E	AFTER the LICENSE EVRIDATION DATE DEC 24.42 AND REFORE DEC 24.42					
E S	AFTER the LICENSE EXPIRATION DATE DEC 31 12 AND BEFORE DEC 31 13, a TOTAL of \$ 230.00 is due. <====================================					
	Diagra make check or money order payable to: COMMEDCE AND CONSTIMED ACCAIDS. (DO NOT MAKE MILL TIDLE DAYMENTS)					
_	Please make check or money order payable to: COMMERCE AND CONSUMER AFFAIRS (DO NOT MAKE MULTIPLE PAYMENTS)					
O T	OTHER REQUIREMENTS OF SPECIAL INSTRUCTIONS/INFORMATION: INCOMPLETE APPLICATION WILL DELAY PROCESSING					
H E	TO BETTER ENSURE RECEIPT OF YOUR POCKET CARD BY 12/31/12, SUBMIT YOUR RENEWAL BY 11/30/12.					
R	PLEASE REFER TO THE "INSTRUCTIONS - RENEWING YOUR					
R E	REAL ESTATE LICENSE". [] ADDRESS CHANGED? Check here and provide new mailing address below.					
Q U	[]/BBRESS GIVINGES. Gleek here and provi	ac new maining address	33 50.011.			
I						
R E						
M E	M This material can be made available for individuals with special needs. Please E call the Licensing Branch Manager at (808) 586-3000 to submit your request.					
N T	5 5 7	•				
S						
T O	TO BE COMPLETED BY LICENSEE (Check your answers and provide additional information where requested): If you never had any disciplinary actions or convictions to report <u>OR</u> if you previously reported disciplinary actions or convictions to the Licensing Authority AND you had no disciplinary actions or convictions since that time, answer "No" to questions 1 and 3.					
B E						
E	1) In the past 3 years has your license in this state or any other jurisdiction been formally disciplined by way of fine,					
C O	suspension, restriction, or revocation?					
M P	2) Are there any disciplinary actions pending against you in this state or any other jurisdiction?					
L E	3) In the past 3 years have you been convicted of a crime in which the conviction has not been annulled or expunged?					
T						
E D	EXPLAIN ANY "YES" RESPONSE ON A SEPARATE SHEET WITH DETAILED INFORMATION AND ATTACH SUPPORTING DOCUMENTS.					
В	Lundarstand that my license expires on the License Expiration Date shows as this form. Lundarstand that if I fall to account the license by					
Y	I understand that my license expires on the License Expiration Date shown on this form. I understand that if I fail to renew my license by the license expiration date I am unlicensed and shall not practice. I further understand that I may resume practice only after I have met all					
L I	appropriate restoration requirements.					
C E	I certify that the statements contained in this application are true and correct. I understand that misrepresentation is grounds for board					
N S	refusal to renew or subsequent suspension or revocation of license.					
E E	SIGNATURE OF LICENSEE DATE					
	HAVE YOU REMEMBERED TO:		TOTAL (ON TIME): \$ 180.00	TOTAL (LATE): \$230.00		
	1) Attach payment.	FOR DCCA	,			
	Answer questions. Sign and date application.	ACCOUNTING OFFICE	REN571 50.00 CRF572 90.00	REN571 50.00 PEN578 50.00		
	If applicable, include required documents.	ONLY	EF905 40.00	CRF572 90.00 EF905 40.00		
LICE	NSE TYPE: RS LICENSE NO).:	ı	RS - ACTIVE		

CHANGE FORM - REAL ESTATE

Access this form via website at: www.hawaii.gov/hirec

Form is 2 pages. Signature(s) REQUIRED on page 2!

Submit ORIGINALS only - FAX and PHOTOCOPIES will not be accepted.

Use fillable feature or a typewriter. (BLACK INK ONLY). READ instructions carefully.

Mail to: **REAL ESTATE COMMISSION** DCCA, PVL Licensing Branch

> P.O. Box 3469 Honolulu, HI 96801

SECTION A.		or		
Legal Name of Individual:	Deliver to:			
License Name (Individual's First, Middle, LAST, or Entity)	License Number	Other Registrations		
	RB-	CMA-		
Residence Location Address, if individual or sole proprietor: (NO P.O. B	RS-	СНО-		
Business Address only if entity: (NO P.O. BOX)	Phone Number (da	ays)		
Mailing Address:	<u>_</u>			
INDICATE CHANGE BEING REPORTED BELOW: NO changes will appropriate box(es) is/are checked required signatures are on page 2 checks are made payable to "Commerce and Consum (Note: a \$25 service charge will be assessed for payable change will not be processed. If no fee is indicated, to the effective date of a change will be as indicated on the form.	ner Affairs" ments that are dishonored for a there is no fee for that change.	.)		
required by Rule 16-99-5. Failure to comply may result in discip	_			
Change RESIDENCE LOCATION ADDRESS to address above. Sign and date page 2 in Section B. Change MAILING ADDRESS. Complete "Mailing Address" above. Sign and date page 2 in Section B. Change BUSINESS ADDRESS of principal place of business or branch office. Sign and date page 2 in Section B to certify that the new business address is in compliance with Chapter 467, HRS, and Chapter 99, HAR. Fee: \$10 Is this a home occupation office: YES NO	sole proprietor). Submit a c Registration of Trade Name the Business Registration [ADE NAME (entity only, includes copy of the "Application for e" that has been filed-stamped by Division, Commerce and Consumer ge 2 in Section B. Fee: \$10		
New business address: Phone Number:	Change legal NAME OF ENTITY or INDIVIDUAL. Attach old wall certificate and copy of legal document showing name change (Entity: File-stamped copy of "Certificate of Amendment" filed with the Business Registration Division, Commerce & Consumer Affairs and an entity resolution. Individual: Marriage certificate, divorce decree, etc.). Sign and date page 2 in Section B. Fee: \$10			
	Change to:			
Request DUPLICATE LICENSE. Indicate type below. Fee: \$10 for each license or certificate. Sign and date page 2 in Section B.	Change LICENSE NAME of Section B. Fee: \$10	of individual. Sign and date page 2 in		
Pocket License Wall Certificate	Change to:			
SURRENDER of License (individual, entity, or branch office): Co investigations, disciplinary petitions filed against the licensee or and pocket license. If the pocket ID card and/or wall certificate cannot be provided. Once license is surrendered, the person was	disciplinary hearings may surrend are not available, please provide	er the license. Attach wall certificat a written explanation as to why the		

Place license INACTIVE. Complete Section A above. Releasing principal broker or broker in charge must complete Section C on page 2 and the signature of licensee who is going inactive is required in Section B. If unable to obtain signature of licensee who is going inactive, Rule 16-99-5.1(c) requires the releasing broker to provide the licensee written notification. NOTE: If the licensee is unable to obtain releasing broker's signature, please review the memorandum "Procedures for Difficulties with Releasing Broker on the Change

requirements as a new applicant. Sign and date page 2 in Section B.

Form or Experience Statement by Broker" on the Real Estate Branch website.

REACTIVAT	- 13				
<u>Salesperson</u> bro pre cer ori	(Broker-Salesperson: Licensee reactivating is to complete Section A on page 1 and sign and date Section ker in charge must complete Section D below. A licensee who has been inactive for one or more renew scribed continuing education (CE) hours of the immediate prior renewal period. The commission shall of tified CE core or elective courses completed during the immediate prior renewal period. Attach original ginal certificates at https://pvl.ehawaii.gov/rece. If you are a new salesperson or broker licensed within uired. Fee: \$25.	val periods, shall first satisfy the credit the licensee with CE hours for any CE certificates. You may obtain			
<u>Entity</u> : Inp Go ava ass	ut name of entity on page 1 in Section A. Principal broker's signature is required in Section B below. At od Standing" obtained from the Business Registration Division of the Department of Commerce and Co illable at www.hawaii.gov/hirec), and separate change form for the new principal broker and broker in cociating salespersons and broker-salespersons. If using a trade name, attach a file-stamped copy of cut the Business Registration Division. Fee: \$75.	nsumer Affairs, entity resolution (sample charge(s) (if applicable), and all			
<u>Branch Offic</u> hav	ow. Each branch office shall , submit another change form				
	register a broker in charge for the brokerage firm . Fee: \$75 . <u>etor</u> : Complete "Application for License: Real Estate Sole Proprietor" and follow the instructions on tha	t form.			
B below. If	KER: Mark this box if you are immediately changing to a different broker. You must complete Section you are currently affiliated with a broker, your former broker must complete Section C below. Your process of the complete Section C below.				
Change to S	the Section D below. OLE PROPRIETOR: You must complete Section A on page 1 and Section D below. If you are curren complete Section C below. (If you are on inactive status, see REACTIVATE License above.) If you by of current trade name registration approved by the Business Registration Division of the Departme	vill be using a trade name, attach a file			
Change PRIN 1 from entity	ICIPAL BROKER ("PB"): Check this box if the entity is changing its principal broker. This transaction, 1 from new principal broker, and 1 from former principal broker. Only one (1) Fee of \$10 is required thanks together.				
COMPLETED CHANGE FORMS TOGETHERCorporate/Partnership/LLC/LLP: Input name of the entity in Section A on page 1. The former PB must complete Section C below. The new PB must complete Section D below. Attach an entity resolution. Sample of an entity resolution is available at www.hawaii.gov/hirec. AND ON A SEPARATE CHANGE FORM					
New Princip	all Broker: Input name of the new PB in Section A on page 1 and have him/her complete Sectio D below kerage firm, have your former PB complete Section C below. AND ON A SEPARATE CHANGE FORM				
<u>Former Princ</u> and	cipal Broker: Input name of the former PB in Section A on page 1. If the former PB is going to another a complete Section C below. Have the new PB or broker in charge complete Section D below. If going the ense inactive. If this change form is not received, licensee will automatically be changed to broker-sales	firm, mark the "Change Broker" box inactive, follow instructions to place			
Change to A	dd or Release BROKER-IN-CHARGE ("BIC"): oker in charge: Input BIC's name in Section A on page 1 and sign and date Section B below. If previous				
aff Sei <u>Release For</u> i ma cha	n, have your former PB complete Section C below and your new PB complete Section D below. If you' liated with a brokerage firm, also mark the "Change from broker-salesperson to broker in charge" box botions C and D below. If inactive, also mark the "Reactivate" box and follow the instructions to reactivate box and follow the instructions to reactivate broker in charge: Input former BIC's name in Section A on page 1 and sign and date Section B below the "Change Broker" box and have the former PB complete Section C below. Have your new PB containing to a broker-salesperson within the brokerage firm, also mark the "Change from broker in charge we your PB complete Sections C and D below. If going inactive, follow instructions to place license.	pelow and have your PB complete ate license. Fee: \$10. w. If BIC is going to another firm, aplete Section D below. If you're to broker-salesperson" box below and			
Γ	Change from broker-salesperson to broker in charge.	rge to broker-salesperson.			
start of the p (and no other A temporary illness, submi	representation of the entity of page 1 in Section Covered. A principal Broker or Broker in Charge: Input the name of the entity on page 1 in Section covered. A principal broker or broker in charge who will be absent from the principal place of boroker in charge is registered with the principal place of business) must designate a temporary principal appointment may be made for up to 6 months, with an extension of 6 months subject to Commission to doctor's statement documenting illness or death certificate, whichever is appropriate. Sesignment. Complete period covered (month/year): FROM Oker to complete Section C below; Temporary broker accepting assignment to complete Section D below.	usiness for more than 30 calendar days al broker or temporary broker in charge, approval. In case of death or prolonged			
SECTION B.					
SIGNATURE O	F LICENSEE DATE				
SECTION C		License No. of Broker			
DATE RELEASED (if applicable)		RB -			
	SIGNATURE of Broker (Principal Broker, Sole Proprietor Broker or Broker in Charge of branch office). Please <u>print</u> your name after your signature.	License No. of Entity			
		RB -			
	NAME & FULL BUSINESS ADDRESS of Releasing Entity or Branch Office (Number, Street, Suite No., City, State and Zip Code)				
SECTION D		License No. of Broker			
DATE HIRED (if applicable)	SIGNATURE of Broker (Principal Broker, Sola Proprietor Praker or Broker in Charge of broker	RB -			
	SIGNATURE of Broker (Principal Broker, Sole Proprietor Broker or Broker in Charge of branch office). Please <u>print</u> your name after your signature.	License No. of Entity			
		RB -			

NAME & FULL BUSINESS ADDRESS of Hiring Entity or Branch Office (Number, Street, Suite No., City, State and Zip Code)