

REQUIREMENTS FOR EXAM & LICENSE - MOTORCYCLE MECHANIC

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

An applicant must meet the education and experience requirement in order to be eligible to take the motorcycle licensing exam. All claims of education and experience must be verified in writing (copy of diploma; employment verification) and submitted with the application.

EDUCATION/ EXPERIENCE REQUIRED

1 year education* and 1 year experience,** or 2 years experience**

* EDUCATION – Vocational/academic schooling with credit courses only. **ATTACH** COPY OF YOUR DIPLOMA OR OFFICIAL TRANSCRIPT (with school seal).

** EXPERIENCE - Apprenticeship or mechanic's helper only. **ATTACH** COMPLETED "EMPLOYMENT VERIFICATION" FORM(S) (Form MVR-02B).

INSTRUCTIONS AND INFORMATION ON FILING

APPLICATION FORM

Complete the attached application form. Use a typewriter or print legible in black ink. Answer all questions and provide all requested information. Sign and date the application form.

Failure to provide all the requested information will delay the processing of your application.

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).

SUPPORTING DOCUMENTS

Attach a copy of your certificate or diploma verifying that you completed a motor cycle mechanic academic program; and

Attach the ORIGINAL Employment Verification form (MVR-02B) that your supervising mechanic completed. DO NOT submit a copy of the completed form because it will delay processing of your application.

FEES

Attach fee of \$30 (\$10 non-refundable application fee, and \$20 examination fee). After you pass the examination, we will notify you, about the additional license fees that you will be required to pay.

Make check 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.

(CONTINUED ON BACK)

FEES (CONTINUED)

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.

FILING DEADLINE

A completed application, \$30 and supporting documents must be submitted to the Board's office within fifty (50) days before the examination date. For information about the exam date contact Honolulu Community College – see below.

BOARD'S ADDRESS

Mailing address:

Motor Vehicle Repair Industry 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

**EXAMINATION
INFORMATION**

The examination is usually held in the Spring and the Fall of each year. For questions regarding the exam, please contact;

**HONOLULU COMMUNITY
COLLEGE**

Special Program & Community Service

Honolulu Community College

874 Dillingham Boulevard

Honolulu, HI 96817

Phone: (808) 845-9297

Upon approval of your application, you will be mailed confirmation showing the time and place of the examination.

POSTPONEMENT OF EXAM: Once an applicant is scheduled for an examination, only a written request for postponement will be considered. The request must be submitted **prior** to the date the applicant is scheduled for exam and only one postponement will be allowed to the subsequent exam.

NO SHOW: Should an applicant fail to show up for an exam that applicant was scheduled for, or if postponement request is denied, the exam fee will be forfeited. The applicant will be required to apply for the exam again and pay another exam fee.

RESULTS: Test results will be mailed within 2-3 weeks after completing the exam. Keep the Board informed of your current address. All address changes must be **submitted in writing**. No changes will be accepted by telephone.

**APPLICANTS WITH
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form that must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

Instructions for “Yes” Answers to Questions (5), (6) and (7) of the Application for License (MVR-02)

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

- 1) Questions (5) and (6) refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license, both motor vehicle and those other than motor vehicle. 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.

- 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 an original 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.
- B. If you answered “yes” to questions 5 through 7, your application will be reviewed at a Motor Vehicle Repair Industry Licensing 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.

LAWS AND RULES

Keep informed of the laws and rules governing your vocation. A copy of the laws, Chapter 437, HRS, and rules, Chapter 87, HAR, relating to motor vehicle repair is available by submitting a written request to: Motor Vehicle Repair Industry Board, *DCCA, P.O. Box 3469, Honolulu, HI 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 437 and Chapter 87.

The laws and rules are also posted on our website at: www.hawaii.gov/dcca/areas/pvl. Look under “Motor Vehicle Repair”.

LICENSE RENEWAL

All licenses, regardless of issuance date, are subject to renewal by the license expiration date of **June 30 each ODD-NUMBERED year**.

ABANDONED APPLICATIONS

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.

ADDRESS CHANGES

Address changes must be reported to the Board within thirty (30) days of the change. All changes must be reported in writing.

APPLICATION FOR EXAM & LICENSE - MOTORCYCLE MECHANICS

READ INSTRUCTIONS & REQUIREMENTS ON THE ATTACHED SHEET.

Legal Name (First, Middle)	(LAST)
Residence Address (include apt. no., city, state & zip code)	
Mailing Address (ONLY if different from residence)	Phone No. (days)
	Phone No. (nights)

FOR BOARD USE ONLY

Approved		Initials/Date	
Lic. No.		EFF. Date	
MC -			
<input type="checkbox"/> Additional Class			

Social Security No.	Circle the site where you plan to take the exam: Oahu Hilo Kona Maui Kauai	If you are licensed as a mechanic in Hawaii, give your LICENSE NUMBER & EXPIRATION DATE which are shown on your pocket license: MC - _____ EXP _____
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If none, write "none" If more space is needed, use a separate	EDUCATION	Name & Address of SCHOOL & Name of INSTRUCTOR	Major Course of Study	Program Completed?	No. of Credits	Dates (mo/yr)	
						From	To
	EXPERIENCE	Name & Address of EMPLOYER & Name of SUPERVISING MECHANIC	Description of Work		Hrs. a Week	Dates (mo/yr)	
						From	To

Circle answers. **If response to questions Nos. 5, 6, or 7 is "yes" refer to instructions for additional documents that must be submitted with this application.**

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S?..... YES NO
- Do you now hold or have you ever held a motor vehicle mechanic license in another jurisdiction? YES NO
- Have you ever held a license in Hawaii: License No _____ Exp Date _____ YES NO
- Has any license ever been suspended, revoked, or otherwise subject to disciplinary action..... YES NO
- Are there any disciplinary actions pending against you? YES NO
- 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

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers and representations made on this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, and 437B-11, HRS). I further certify that I have read, understand and, and agree to comply with the laws and rules of the Motor Vehicle Repair Industry Board.

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.

Exam	397	\$20
App	395	\$10
Lic	398	\$40
CRF	396	\$55 /\$110
1/2 Ren	390	\$20
Service Charge	BCF.....	\$25

EMPLOYMENT VERIFICATION - MOTORCYCLE MECHANIC

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

PART I. TO BE COMPLETED BY APPLICANT

- INSTRUCTIONS:**
1. Complete Part I only.
 2. Have supervising mechanic or qualified person complete Part II.
 3. Use one form per employer.
 4. Attach completed form to application before submitting to board.

Name (First, Middle, Last)

Applicant's COMPLETE Mailing Address

Phone No. (Days)

PART II. TO BE COMPLETED BY SUPERVISING MECHANIC

The above-named person is applying for the motorcycle mechanic's exam and license. Please certify as to your personal knowledge of the applicant's apprenticeship or mechanic's helper experience. The completed form must be returned to the applicant so it can be attached to the application. Please type or print LEGIBLY.

Employment Date

Termination Date

Length of Employment

Average Hours Per Week

yrs.

mos.

Describe in detail the type and nature of work the applicant did as an apprentice or a mechanic's helper. If more space is needed, please use the back of this form.

Firm/Company Name & Address

I certify that the answers and statements on this verification are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of applicant's license and is a misdemeanor (Section 710-1017, Hawaii Revised Statutes).

Print Name: _____

Signature: _____

Lic. No.

Phone:

Lic. No.

Date:

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