



# CONTRACTORS LICENSE CENTER, INC.

1130 N. Nimitz Hwy, Suite A-110

Honolulu, Hawaii 96817

Tel: (808) 833-3051 1-800-833-4408 mail@CLCexamprep.com

Aloha,

Enclosed are the necessary forms for your RME Contractors License and instructions to help with filling them out.

1. Experience Certificates: Minimum of 3 required. They must be **notarized**. Enclosed is a "key words" sheet to assist you in what the Board is looking for.
2. Credit Report Information: Go to [annualcreditreport.com](http://annualcreditreport.com) to obtain a free credit report for the RME who is applying for the contractor's license. The Board does not need your credit score, just a complete credit report. The Board accepts reports from Experian ONLY.
3. Application Fee: Please send 1 (one) check for \$50.00 made out to Dept. of Commerce and Consumer Affairs (DCCA) for the RME application.
4. Experience Worksheet: Include employment dates, supervisory dates, average project size, average gross dollar amount, # supervised. Include Company name, address, and license # (if applicable). This list is for companies that gave you a W-2 at the end of the year.
5. Company: We need a letter on company letterhead stating that you are going to be an RME for the company. This is whether you are replacing an RME or becoming an additional RME.
6. Project Listing: This is required. Include a listing of all projects adding up to 4 or more years. Work by months, not days or weeks. Be as detailed as possible – very repetitious which is what the Board requires. Enclosed is a sample to follow. Do NOT include planning time – on-site work time only. You can also use the Board's fillable form at [https://cca.hawaii.gov/pvl/files/2013/06/Chronological-History-of-Projects-Form\\_11.17R.pdf](https://cca.hawaii.gov/pvl/files/2013/06/Chronological-History-of-Projects-Form_11.17R.pdf). Or contact us for a Word Doc or Excel Spreadsheet.

Enclosed is your contract. We require payment with your worksheets. Please complete all forms and return them by the deadline. If you are unable to meet the deadline date, give us a call as soon as possible.

Mahalo,  
Cindy Namahoe  
CEO, Director

## KEY WORDS

Key words to be used on certificates in support of applicants experience qualification forms:

- SUPERVISION (Number of people you supervised)
- FOREMAN
- MANAGER
- ESTIMATING
- RESPONSIBLE FOR: (Employees, staff, journeyman, etc.)
- COORDINATING SUB CONTRACTORS
- ORDERING MATERIALS
- BUILDING

\*Mention the biggest jobs, talk about complexity of projects, build a home/office on paper, etc.

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An example of wording your experience certificates: (In an overall view.)

I have known (name) for \_\_\_\_\_ years. He has supervised \_\_\_\_\_ people. He can read blueprints, order supplies, materials, plan projects, coordinate with other contractors (or subcontractors), etc.

(GO ON TO DESCRIBE IN DETAIL EXACTLY WHAT THIS PERSON DOES ON THE JOB!!)

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An example of wording your experience certificates for General Building:

I have worked with (name) on various jobsites over the past two years. (Name) has been the overall supervisor of all subs on the jobsite. He has directly supervised all phases of construction including foundations, framing, drywall, rough-in and finish work, carpentry work, painting, roofing, etc. Some of the projects we have worked together are ..... etc.

(Then he can go on to say that you follow all code, works for perfection, etc.)

The Board wants to hear about actual general building, your ability to take a project from start to finish and from the ground up.

C-13: He has directly supervised all aspects of the electrical work to include installation of electrical systems, including wiring, conduits, appliances, fixtures, raceways, etc.

C-37: He supervised all aspects of plumbing including installation of all plumbing systems, piping, fixtures, sewer mains, excavating, backfill, etc.

# EXPERIENCE CERTIFICATE - CONTRACTOR'S LICENSE

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**IMPORTANT!! READ "COMPLETION OF THIS EXPERIENCE CERTIFICATION" (page 3) BEFORE COMPLETING THIS CERTIFICATE.**

## THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: (First, Middle, Last)

Classification requesting (check one only):

A - General Engineering

B - General Building

C - \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant:

EMPLOYER

SUPERVISOR

RME Lic. # \_\_\_\_\_

Classifications held:

FELLOW EMPLOYEE

JOURNEYMAN

OTHER (specify): \_\_\_\_\_

Employment Dates (mo/yr):

From: \_\_\_\_\_ To: \_\_\_\_\_

Length of service:

\_\_\_\_\_ Yrs. \_\_\_\_\_ mos.

Dates applicant has supervised:

From: \_\_\_\_\_ To: \_\_\_\_\_

TOTAL TIME: \_\_\_\_\_

FULL-TIME

PART-TIME - \_\_\_\_\_

Hours per week, if part-time

Indicate LEVEL applicant worked at:

JOURNEYMAN

FOREMAN

SUPERVISOR

CONTRACTOR

OTHER (specify): \_\_\_\_\_

*(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)*

Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) of trade(s) listed above? (Check your answer.)

YES       NO

Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?

YES       NO

DESCRIBE IN DETAIL THE APPLICANT'S EXPERIENCE PERFORMING ON-SITE SUPERVISION AND DIRECTION OF EMPLOYEES IN THE CLASSIFICATION INDICATED ABOVE (i.e. General Engineering, General Building, etc.):

(SIGNATURE REQUIRED ON PAGE 2 IN FRONT OF NOTARY)

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Section 444-30, HRS, of the contractors license law provides that: Any person or his agent who files with the Contractors License Board any notice, statement, or other document required under the provisions of the contractors license law, which is false or untrue or contains any material misstatement of fact is guilty of a misdemeanor.

Certification of Person Completing this form:

I, \_\_\_\_\_ hereby certify that I have personally known the person  
(Print name of certifier)  
named as applicant above; that I have direct knowledge of the applicant's supervisory experience which I have listed; and, all other statements and answers given here are true and correct.

Date: \_\_\_\_\_

Signature of the Certifier in front of Notary Public

Print Your Name: \_\_\_\_\_

Address of Certifier: \_\_\_\_\_

Contractor's Lic. No. ENTITY: \_\_\_\_\_ Contractor's Lic. No. RME: \_\_\_\_\_

Licensed Classifications of Certifier: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Business Phone No.: ( ) \_\_\_\_\_

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| <i>Subscribed and sworn to before me this</i>          |  |
| day of _____ A.D. 20 _____.<br>Notary Signature: _____ |  |
| Notary Public, State of: _____                         |  |
| My commission expires: _____                           |  |
| Print Name: _____                                      |  |

|                         |                      |
|-------------------------|----------------------|
| Doc. Date: _____        | No. of Pages: _____  |
| Notary Name: _____      | Circuit Court: _____ |
| Doc. Description _____  |                      |
| Notary Signature: _____ |                      |
| Date: _____             |                      |

**DO NOT SEND THIS FORM TO THE CONTRACTORS LICENSE BOARD. INSTEAD, PLEASE RETURN IT TO THE APPLICANT SO THE APPLICANT CAN ATTACH IT TO THE APPLICATION.**

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.

## COMPLETION OF THIS EXPERIENCE CERTIFICATION

The applicant must detail **four full years of supervisory experience within the past 10 years**, in the classification the applicant is applying for, at the level of a Journeyman, Foreman, Supervisor, or Contractor (see definitions below). The applicant must also submit certificates to support this experience. The certificates must be completed by a qualified and responsible person; that is, by an employer, fellow employee, or journeyman who has DIRECT KNOWLEDGE of the applicant's experience.

DIRECT KNOWLEDGE is knowledge of the truth in regard to a particular fact, which is original, and does not depend on information or hearsay.

**The applicant is requesting that you complete this form to certify as to your DIRECT KNOWLEDGE of the applicant's experience. As a qualified and responsible person you must certify that the applicant demonstrated a level of knowledge and skill expected of a journeyman or better in the classification for which the application is being made by describing in detail the applicant's experience performing on-site supervision and direction of employees in the classification the applicant is applying for.**

JOURNEYMAN is an experienced worker in the trade who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision.

FOREMAN/SUPERVISOR is a person who has the knowledge and skill of a journeyman and also directly supervises the physical construction.

CONTRACTOR is one or more of the following:

- 1) a currently licensed Hawaii contractor
- 2) a formerly licensed Hawaii contractor
- 3) a person listed under "*Personnel of Record*" on the license application of a currently licensed Hawaii contractor
- 4) an out-of-state contractor who held a license in that state

A Contractor is a person who has the skills necessary to manage the daily activities of a construction business, including field supervision.

Your cooperation is earnestly solicited so that the Contractors License Board can determine whether this applicant has the experience necessary to become a capable and qualified contractor.

**IMPORTANT:** You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate you complete.

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Length of service:

\_\_\_\_\_ Yrs. \_\_\_\_\_ mos.

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From: \_\_\_\_\_ To: \_\_\_\_\_

TOTAL TIME: \_\_\_\_\_

FULL-TIME

PART-TIME - \_\_\_\_\_

Hours per week, if part-time

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CONTRACTOR

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Date: \_\_\_\_\_

Signature of the Certifier in front of Notary Public

Print Your Name: \_\_\_\_\_

Address of Certifier: \_\_\_\_\_

Contractor's Lic. No. ENTITY: \_\_\_\_\_ Contractor's Lic. No. RME: \_\_\_\_\_

Licensed Classifications of Certifier: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Business Phone No.: ( ) \_\_\_\_\_

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| <i>Subscribed and sworn to before me this</i>  |  |
| _____<br><i>day of</i> _____ <i>A.D. 20</i> _____.<br><br><i>Notary Signature:</i> _____ |  |
| <i>Notary Public, State of:</i> _____  |  |
| <i>My commission expires:</i> _____  |  |
| <i>Print Name:</i> _____   |  |

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|---|-----------------------------|
| <i>Doc. Date:</i> _____   | <i>No. of Pages:</i> _____  |
| <i>Notary Name:</i> _____   | <i>Circuit Court:</i> _____ |
| <i>Doc. Description</i> _____<br><br><i>Notary Signature:</i> _____ |                             |
| <i>Date:</i> _____  |                             |

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## A - General Engineering

## B - General Building

□ C-

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|  |  |   |
|--|--|---|
| Indicate your BUSINESS RELATIONSHIP to the applicant:  | Employment Dates (mo/yr):                  | Indicate LEVEL applicant worked at:             |
| <input type="checkbox"/> EMPLOYER<br><input type="checkbox"/> SUPERVISOR<br><input type="checkbox"/> RME Lic. # _____              | From: _____ To: _____                      | <input type="checkbox"/> JOURNEYMAN             |
|  |  | <input type="checkbox"/> FOREMAN                |
|  | Length of service: _____ Yrs. _____ mos.   | <input type="checkbox"/> SUPERVISOR             |
|  |  | <input type="checkbox"/> CONTRACTOR             |
| Classifications held: _____  | Dates applicant has supervised:            | <input type="checkbox"/> OTHER (specify): _____ |
| <input type="checkbox"/> FELLOW EMPLOYEE<br><input type="checkbox"/> JOURNEYMAN<br><input type="checkbox"/> OTHER (specify): _____ | From: _____ To: _____                      |   |
|  | TOTAL TIME: _____                          |   |
|  | <input type="checkbox"/> FULL-TIME         |   |
|  | <input type="checkbox"/> PART-TIME - _____ |   |
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Print Your Name: \_\_\_\_\_

Address of Certifier: \_\_\_\_\_

Contractor's Lic. No. ENTITY: \_\_\_\_\_ Contractor's Lic. No. RME: \_\_\_\_\_

Licensed Classifications of Certifier: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Business Phone No.: ( ) \_\_\_\_\_

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| <i>Subscribed and sworn to before me this</i>  |  |
| _____<br><i>day of</i> _____ <i>A.D. 20</i> _____.<br><br><i>Notary Signature:</i> _____ |  |
| <i>Notary Public, State of:</i> _____  |  |
| <i>My commission expires:</i> _____  |  |
| <i>Print Name:</i> _____   |  |

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| <i>Doc. Date:</i> _____                | <i>No. of Pages:</i> _____  |
| <i>Notary Name:</i> _____              | <i>Circuit Court:</i> _____ |
| <i>Doc. Description</i> _____          |                             |
| <br><br><i>Notary Signature:</i> _____ |                             |
| <i>Date:</i> _____                     |                             |

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## Application Worksheet for Contractors License

**GENERAL INFORMATION**

|                     |  |                     |           |                             |
|---------------------|--|---------------------|-----------|-----------------------------|
| Name of Applicant   | First Name                                     | Middle Name/Initial | Last Name | Phone (DAY)                 |
| Company Name        |  |                     |           | Phone (CELL)                |
| Mailing Address     | (Street address or P.O. Box, City, State, Zip) |                     |           | Phone (BUS)                 |
| Business Address    | (Street address, City, State, Zip)             |                     |           | *No P.O. Box Allowed        |
| HI Business Address | (Street address or P.O. Box, City, State, Zip) |                     |           | SS#                         |
| Resident Address    | (Street address, City, State, Zip)             |                     |           | *No P.O. Box Allowed        |
| Email Address:      |  |                     |           | Fed ID#                     |
|                     |  |                     |           | Classification(s) Requested |

**LICENSE SPECIFIC INFORMATION****CHECK BOX WITH DESIRED LICENSE AND FILL OUT ADDITIONAL INFORMATION REQUESTED BELOW** **RESPONSIBLE MANAGING EMPLOYEE (RME)**

Name of Contracting Entity you are applying to be the RME for: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

License No. \_\_\_\_\_ or \_\_\_\_\_

(Street address or P.O. Box, City, State, Zip)

Date applied for license \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

 **SOLE PROPRIETOR**

\* No additional information required

 **ENTITY**

Indicate the type of application:

[ ]

Corporation

[ ] LLP

[ ]

Partnership

[ ]

LLC

Name of Responsible Managing Employee (RME) \_\_\_\_\_

License No. \_\_\_\_\_ or Date applied for license \_\_\_\_\_

**PERSONNEL OF APPLICANT**

Name \_\_\_\_\_ Position \_\_\_\_\_ Resident Address (No P.O. Box) \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Resident Address (No P.O. Box) \_\_\_\_\_

|  |       |       |
|--|-------|-------|
| Vocational school, college, university, special training | yr.   | mos.  |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |

| Name of State | License Number | Date Issued | CLASSIFICATION |
|---------------|----------------|-------------|----------------|
|               |                |             |                |
|               |                |             |                |
|               |                |             |                |
|               |                |             |                |

**Attach copy of each contractors license previously held in any state.**

Print Applicant Name: \_\_\_\_\_  
(LAST, First, Middle)

Date: \_\_\_\_\_

|     |  |
|-----|--|
| I.  | <b>EACH QUESTION MUST BE ANSWERED</b>  |
| 1.  | Are you at least 18 years of age? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 2.  | Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 3.  | Have you previously applied for a Hawaii State contractor's license? .....<br>(If "Yes", state month and year: _____) <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 4.  | Have you ever been affiliated with a contracting entity whose license has been terminated due to issuance of a court order authorizing payment from the Contractors Recovery Fund of this state or any other state? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", submit a detailed statement giving the date of the order and circumstances leading up to issuance of the court order.)  |
| 5.  | Have you or any construction organization in which you were an officer, partner, manager or member had a contractor's license or any professional or vocational license denied, fined, suspended or revoked by this state or any other state? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", attach a detailed statement signed by you.)<br>(For the purpose of this question, "denied" does not mean that one has previously failed an examination.)  |
| 6.  | Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by you or any construction organization in which you were an officer, partner, manager or member? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", attach a detailed statement signed by you.)   |
| 7.  | Are there now any unpaid past due bills or claims for labor, materials, or services, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", attach a detailed statement signed by you.)  |
| 8.  | Are there now any liens, suits, or judgments of record or pending, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", attach a detailed statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason; a resume of employment and business activities; and copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other relevant documents.) |
| 9.  | Have you or any construction organization in which you were an officer, partner, manager or member ever been adjudicated as bankrupt or is presently in the process of bankruptcy proceedings? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", attach a detailed statement giving the number of bankruptcy proceedings, the location of the bankruptcy court, a schedule of creditors listed in the bankruptcy petition, the approximate date of the action and a statement of the final action upon the proceedings.)  |
| 10. | Have you or any construction organization in which you were an officer, partner, manager or member ever made an assignment of assets, either voluntary or otherwise, in settlement of construction obligations for less than the total amount of the indebtedness? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", attach a detailed statement listing names and addresses of all creditors and losses they sustained.)   |
| 11. | Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If "Yes", explain on a separate sheet 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, and training attended. Also, submit court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)   |

(CONTINUED ON PAGE 3)

*(For completion by applicant who is an individual or RME. NOT applicable to an entity applicant.)*

**(J) EDUCATION:** Vocational school, college, university, special training

**(K) EXPERIENCE STATEMENT**

|   |                           |
|---|---------------------------|
| 1) <b>TYPE OF WORK &amp; TIME AT EACH</b> – I have worked as a: | for _____ yrs. _____ mos. |
| <input type="checkbox"/> Apprentice for.....                    | _____ yrs. _____ mos.     |
| <input type="checkbox"/> Journeyman for .....                   | _____ yrs. _____ mos.     |
| <input type="checkbox"/> Supervisor for .....                   | _____ yrs. _____ mos.     |
| <input type="checkbox"/> Superintendent for .....               | _____ yrs. _____ mos.     |
| <input type="checkbox"/> Contractor for .....                   | _____ yrs. _____ mos.     |
| <input type="checkbox"/> Foreman for .....                      | _____ yrs. _____ mos.     |
| <input type="checkbox"/> Project Manager for .....              | _____ yrs. _____ mos.     |
| for _____   | _____ yrs. _____ mos.     |
| 2) <b>TOTAL TIME IN CONSTRUCTION:</b> ..... yrs. _____ mos.     |                           |
| (3) <b>SKILLS</b> – I can perform the following:                |                           |
| <input type="checkbox"/> Read a financial statement             |                           |
| <input type="checkbox"/> Compute payroll                        |                           |
| <input type="checkbox"/> Balance a checking account             |                           |
| <input type="checkbox"/> Read blueprints                        |                           |
| <input type="checkbox"/> Prepare job estimates                  |                           |
| <input type="checkbox"/> Order materials                        |                           |
| <input type="checkbox"/> Design & layout construction projects  |                           |
| <input type="checkbox"/> Other (specify) _____                  |                           |
| <input type="checkbox"/> Other (specify) _____                  |                           |

**4) LIST THE MOST RECENT EXPERIENCE FIRST:**

|   |  |
|---|--|
| <p>Name of Company _____ License No. _____</p> <p>Type of Business Company Engaged in _____</p> <p>Address of Company _____</p> <p>Dates employed: _____ to _____ Total: _____<br/>Mo/ Mo/Yr Yr/Mo</p> <p>Dates supervised: _____ to _____ Total: _____<br/>Mo/Yr Mo/Yr Yr/Mo</p> <p>No. of people supervised: _____</p> <p>TYPE OF PROJECTS: <input type="checkbox"/> Apartments <input type="checkbox"/> Office Buildings<br/> <input type="checkbox"/> Condominiums <input type="checkbox"/> Remodeling<br/> <input type="checkbox"/> Custom <input type="checkbox"/> Tract Houses<br/> <input type="checkbox"/> High Rise <input type="checkbox"/> Other (specify): _____</p> | <p>Describe duties and responsibilities: _____<br/>Hours worked per week: _____</p> <p>AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension): _____</p> <p>AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: _____<br/>\$ _____</p> |
| <p>Name of Company _____ License No. _____</p> <p>Type of Business Company Engaged in _____</p> <p>Address of Company _____</p> <p>Dates employed: _____ to _____ Total: _____<br/>Mo/ Mo/Yr Yr/Mo</p> <p>Dates supervised: _____ to _____ Total: _____<br/>Mo/Yr Mo/Yr Yr/Mo</p> <p>No. of people supervised: _____</p> <p>TYPE OF PROJECTS: <input type="checkbox"/> Apartments <input type="checkbox"/> Office Buildings<br/> <input type="checkbox"/> Condominiums <input type="checkbox"/> Remodeling<br/> <input type="checkbox"/> Custom <input type="checkbox"/> Tract Houses<br/> <input type="checkbox"/> High Rise <input type="checkbox"/> Other (specify): _____</p> | <p>Describe duties and responsibilities: _____<br/>Hours worked per week: _____</p> <p>AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension): _____</p> <p>AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: _____<br/>\$ _____</p> |
| <p>Name of Company _____ License No. _____</p> <p>Type of Business Company Engaged in _____</p> <p>Address of Company _____</p> <p>Dates employed: _____ to _____ Total: _____<br/>Mo/ Mo/Yr Yr/Mo</p> <p>Dates supervised: _____ to _____ Total: _____<br/>Mo/Yr Mo/Yr Yr/Mo</p> <p>No. of people supervised: _____</p> <p>TYPE OF PROJECTS: <input type="checkbox"/> Apartments <input type="checkbox"/> Office Buildings<br/> <input type="checkbox"/> Condominiums <input type="checkbox"/> Remodeling<br/> <input type="checkbox"/> Custom <input type="checkbox"/> Tract Houses<br/> <input type="checkbox"/> High Rise <input type="checkbox"/> Other (specify): _____</p> | <p>Describe duties and responsibilities: _____<br/>Hours worked per week: _____</p> <p>AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension): _____</p> <p>AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: _____<br/>\$ _____</p> |

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

**IMPORTANT ANNOUNCEMENT**  
**ADDENDUM TO CONTRACTOR LICENSE APPLICATIONS**

CONCERNING THE SUBMITTAL OF A

**CHRONOLOGICAL HISTORY OF PROJECTS FORM**

**EFFECTIVE IMMEDIATELY**

Every applicant for a RESPONSIBLE MANAGING EMPLOYEE (RME) or a SOLE PROPRIETOR contractor's license must submit a "Chronological History of Projects Form" ("Project List") as documentation of the applicant's previous supervisory work experience. Use as many pages as necessary to verify your four (4) years of supervisory experience. The Project List may be duplicated and is available on the Contractor License Board's website: [http://cca.hawaii.gov/pvl/boards/contractor/application\\_publication](http://cca.hawaii.gov/pvl/boards/contractor/application_publication). Click on "Chronological History of Projects Form".

Submit a separate Project List **for each classification** the applicant intends to engage. Only include work experience performing on-site supervision and direction of employees.

Please ensure that the Project List is filled out completely (provide information in each column of the form) and that it includes the following:

- A description of your supervisory work experience performed in-house, with your own crew; and work or trades that were subcontracted to other contractors; and the means and methods of each project listed.
- The "Contract Amount" stated should be commensurate with information stated in the "Detailed Description of the Work You Supervised".
- The "Amount of Supervisory Experience" should only include the actual amount of time spent on-site supervising your own crew. Do not include time spent for design, ordering materials, scheduling or downtime for rain-outs or waiting for delivery of materials.

(CONTINUED ON NEXT PAGE)

**NOTE: IF APPLYING FOR MORE THAN ONE  
CLASSIFICATION, SUBMIT A SEPARATE  
LIST FOR EACH.**

## SAMPLE

Classification requested\*  
(Check one only)

"A" General Engineering  
 "B" General Building  
 "C" \_\_\_\_\_

### CHRONOLOGICAL HISTORY OF PROJECTS COMPLETED

| Project Start Date | Project End Date | Project  | Employer             | Employer's Classification            | Position Title (# of workers supervised) | Detailed Description of the Project and the Work You Supervised  | Contract Amount**   | Amount of Supervisory Experience** (yrs/months) |
|--------------------|------------------|--|----------------------|--------------------------------------|--|--|---|---|
| 1/12/14            | 6/22/14          | John Doe Residence<br>220 Palama Street,<br>Honolulu | John Construction    | "B" General Building                 | Foreman - 8 workers                      | New residence - supervised foundation, framing, roofing with own crew. Coordinated plumbing, electrical, and drywall subcontractors  | \$200,000   | 5 months  |
| 8/1/13             | 5/1/14           | J. Doe Communications,<br>Honolulu, HI               | John Excavating Inc. | C-17 Excavating, grading & trenching | Construction supervisor - 12 workers     | <b>Detailed description:</b><br>Construction of 90 site CMi/PCS network. Project consisted of excavating/trenching for installation of new conduit & manhole/vault systems. Grading of affected work areas to normal conditions.<br><b>Direct supervision of:</b><br>Installation of new communications conduits & manhole systems by in-house crews. Included excavation, trenching, directional drilling & surface restoration/grading (asphalt & concrete). | 6 months<br><b>(Actual supervisory time - not the time project is on the books)</b> | \$1,200,000                                     |

**\*You must submit a separate list for each classification requested.**

\*\*All information should be specific to the license classification you are applying for. As in the second example, if you are applying for a specialty classification, the contract amount and years/months of supervisory experience should be specific to that specialty, and not the entire construction project (project start and end dates).

Please Print Name: \_\_\_\_\_

Entity: \_\_\_\_\_

RME: \_\_\_\_\_

Sole Owner: \_\_\_\_\_

Classification requested\*  
(Check one only)

"A" General Engineering

"B" General Building

"C" \_\_\_\_\_

## CHRONOLOGICAL HISTORY OF PROJECTS COMPLETED

| Project Start Date | Project End Date | Project | Employer | Employer's Classification | Position Title (# of workers supervised) | Detailed Description of the Project and the Work You Supervised | Contract Amount** | Amount of Supervisory Experience** (yrs/months) |
|--------------------|------------------|---------|----------|---------------------------|--|---|-------------------|---|
|                    |                  |         |          |                           |  |   |                   |   |
|                    |                  |         |          |                           |  |   |                   |   |
|                    |                  |         |          |                           |  |   |                   |   |
|                    |                  |         |          |                           |  |   |                   |   |

**\*You must submit a separate list for each classification requested.**

\*\*All information should be specific to the license classification you are applying for. As in the second example, if you are applying for a specialty classification, the contract amount and years/months of supervisory experience should be specific to that specialty, and not the entire construction project (project start and end dates).

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.