



# 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 forms necessary in preparation for your Contractors License as a Sole Proprietor with instructions to help filling them out.

1. Experience Certificates : Minimum of 3 required by the State. They must be **notarized**. Enclosed is a "key words" sheet to assist you in the wording.
2. Financial Worksheet: This is used by our CPA to prepare your financial statement. Please be sure to complete both sides. This must be current within the year.
3. Credit Report Information: Go to [www.annualcreditreport.com](http://www.annualcreditreport.com) to obtain a free credit report. It must be a full credit report. The Board accepts reports from Experian ONLY.
4. Tax Clearance: The application is enclosed for your convenience. You can also complete and submit the form online. [https://tax.hawaii.gov/geninfo/a2\\_b2\\_3tax\\_clearance/](https://tax.hawaii.gov/geninfo/a2_b2_3tax_clearance/)
5. Application Fee: Please send a check for \$50.00 made out to Dept. of Commerce and Consumer Affairs or DCCA.
6. 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.
7. 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. Do NOT include planning time – on-site work time only. Enclosed is a sample to follow. 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)
8. General Excise Number: **Not** part of the application - required to do business in Hawaii. You may download the necessary Form BB-1 from the website at [http://files.hawaii.gov/tax/forms/2018/bb1\\_f\\_packet.pdf](http://files.hawaii.gov/tax/forms/2018/bb1_f_packet.pdf).

Enclosed is your contract. We require payment along with your worksheets. Please complete all forms and return them by the deadline. If you are unable to meet the deadline dates, 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.
- 

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.

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

**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 - \_\_\_\_\_

<p>Indicate your BUSINESS RELATIONSHIP to the applicant:</p> <p><input type="checkbox"/> EMPLOYER</p> <p><input type="checkbox"/> SUPERVISOR</p> <p><input type="checkbox"/> RME Lic. # _____</p> <p style="text-align: center;">Classifications held:</p> <p>_____</p> <p><input type="checkbox"/> FELLOW EMPLOYEE</p> <p><input type="checkbox"/> JOURNEYMAN</p> <p><input type="checkbox"/> OTHER (specify): _____</p> <p>_____</p>	<p>Employment Dates (mo/yr):</p> <p>From: _____ To: _____</p> <hr/> <p>Length of service:</p> <p>_____ Yrs. _____ mos.</p> <hr/> <p>Dates applicant has supervised:</p> <p>From: _____ To: _____</p> <hr/> <p>TOTAL TIME: _____</p> <hr/> <p><input type="checkbox"/> FULL-TIME</p> <p><input type="checkbox"/> PART-TIME - _____</p> <p style="text-align: center; font-size: small;">Hours per week, if part-time</p>	<p>Indicate LEVEL applicant worked at:</p> <p><input type="checkbox"/> JOURNEYMAN</p> <p><input type="checkbox"/> FOREMAN</p> <p><input type="checkbox"/> SUPERVISOR</p> <p><input type="checkbox"/> CONTRACTOR</p> <p><input type="checkbox"/> OTHER (specify): _____</p> <hr/> <p><i>(Refer to the Board's definitions of each of the above levels on the "Completion of this Experience Certification" page.)</i></p> <p>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? <i>(Check your answer.)</i></p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Did the applicant demonstrate a history of honesty, truthfulness, financial integrity and fair dealing?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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[illegible]

CT-03 1017R

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.: ( ) \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.  
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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## 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.**

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☐ 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 APPLICANTS 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: \_\_\_\_\_

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(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.

\_\_\_\_\_  
Signature of the Certifier in front of Notary Public

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

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.: ( ) \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_  
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: \_\_\_\_\_

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☐ SUPERVISOR

☐ RME Lic. # \_\_\_\_\_

Classifications held: \_\_\_\_\_

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☐ 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  
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Indicate LEVEL applicant worked at:

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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.: ( ) \_\_\_\_\_

Subscribed and sworn to before me this	
_____ day of _____	A.D. 20 _____
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: _____	

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# Individual Financial Worksheet

Please type or print neatly in ink.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Business Name (if different from your name): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amounts shown in this report are as of \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

License classification: \_\_\_\_\_  
(example: General Building, Electrical, etc.)

## **SCHEDULE 1 – CASH**

Indicate balance as of date shown above.

<u>Asset</u>	<u>Balance</u>	
Checking Accounts	\$ _____	Cash \$ _____
Savings Accounts	\$ _____	
Time CD's	\$ _____	Need to provide bank statement

## **SCHEDULE 2 – SECURITIES**

Indicate balance as of date shown above. Provide current fair market value, indicating how value was determined.

<u>Asset</u>	<u>Value</u>
Stocks, Mutual Funds, Bonds	\$ _____
Other	\$ _____

*Please explain if you used a source other than monthly statement to determine amount shown:*

## **SCHEDULE 3 – RECEIVABLES**

Indicate balance of receivables as of date shown above. Do NOT include any amounts not yet earned. Also, do NOT include any amounts that are not expected to be collectible.

Accounts Receivable – already billed on completed work	\$ _____
Estimated Earned – not yet billed on work in progress	\$ _____
Other Accounts Receivable – Describe _____	\$ _____
Notes Receivable – Describe (include payment terms) _____	\$ _____

*Please explain method used to determine estimated amount earned on unbilled work in progress:*

## **SCHEDULE 4 – OTHER ASSETS**

Cash value of life insurance is not the same thing as the death benefit – refer to your policy statement or insurance agent to determine cash value. Term Life has no cash value.

Inventory/Material on hand	\$ _____
Cash Value of (Whole) Life Insurance Policies	\$ _____
Balance of any Loans against Life Insurance Policies	\$ _____
Retirement Plans (IRAs, Keoghs, Pension Plans, etc.)	\$ _____
Balance of any Loans against Retirement Plans	\$ _____
Other Assets – Describe _____	\$ _____

**CONTINUED ON BACK**

# Individual Financial Worksheet

<b>SCHEDULE 5 – REAL ESTATE</b>				
<u>Description</u>	<u>Fair Market Value</u>	<u>Balance Owed</u>	<u>Interest Rate</u>	<u>Number of Remaining Monthly Pymts</u>
_____	\$ _____	\$ _____	% _____	_____
_____	\$ _____	\$ _____	% _____	_____
_____	\$ _____	\$ _____	% _____	_____

Please explain method used to determine market value: \_\_\_\_\_

<b>SCHEDULE 6 – OTHER FIXED ASSETS</b>				
Indicate the current value for the following assets.				
<u>Description</u>	<u>Fair Market Value</u>	<u>Balance Owed</u>	<u>Interest Rate</u>	<u>Number of Remaining Monthly Pymts</u>
Vehicle _____	\$ _____	\$ _____	% _____	_____
Vehicle _____	\$ _____	\$ _____	% _____	_____
Vehicle _____	\$ _____	\$ _____	% _____	_____
Tools _____	\$ _____	\$ _____	% _____	_____
Household Goods _____	\$ _____	\$ _____	% _____	_____
Other: Describe _____	\$ _____	\$ _____	% _____	_____

Indicate the cost after allowing for depreciation for the following assets.

Equipment _____	\$ _____	\$ _____	% _____	_____
Office Furniture _____	\$ _____	\$ _____	% _____	_____
Other: Describe _____	\$ _____	\$ _____	% _____	_____

<b>SCHEDULE 7 – CURRENT LIABILITIES</b>	
Current liabilities are the amounts owed within one year and include amounts owed even if not yet billed.	
Short Term Bank Loans due within one year	\$ _____
Amount Due Within One Year on Long Term Bank Loans	\$ _____
Payable to Subcontractors	\$ _____
Payable to Suppliers	\$ _____
Other Payables (Credit Cards, etc.)	\$ _____
Accrued Payroll	\$ _____
Income Taxes Payable – unpaid/due for prior year	\$ _____
Income Taxes Payable – estimated on current year a/o date above	\$ _____
Payroll Taxes, including amounts withheld and accrued	\$ _____
Other Accrued Taxes, Interest, etc. (general excise tax, other)	\$ _____
Other: Describe _____	\$ _____

<b>SCHEDULE 8 – LONG TERM LIABILITIES</b>	
Long term liabilities are the amounts owed beyond one year.	
Amount Due After One Year on Long Term Bank Loans	\$ _____
Notes Payable (not previously shown): Describe, including payment terms	\$ _____
Billings in Excess of Cost	\$ _____
Other: Describe _____	\$ _____

**I certify that the statements and values contained in this Individual Financial Worksheet are true and correct to the best of my knowledge.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_



STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.  
(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

**1. APPLICANT INFORMATION:** (PLEASE TYPE OR PRINT CLEARLY)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Postal/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

**2. TAX IDENTIFICATION NUMBER:**

HAWAII TAX I.D. # \_\_\_\_\_

FEDERAL EMPLOYER I.D. # (FEIN) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY # (SSN) \_\_\_\_\_ - \_\_\_\_\_

**3. APPLICANT IS A/AN:** (Check only ONE box)

- |                                                                                                             |                                                        |                                                                |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> CORPORATION                                                                        | <input type="checkbox"/> S CORPORATION                 | <input type="checkbox"/> TAX EXEMPT ORGANIZATION               |
| <input type="checkbox"/> INDIVIDUAL                                                                         | <input type="checkbox"/> PARTNERSHIP                   | <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY                                                          | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP |                                                                |
| <input type="checkbox"/> Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN _____ |                                                        |                                                                |
| <input type="checkbox"/> Subsidiary Corporation; enter parent corporation's name and FEIN _____             |                                                        |                                                                |

**4. THE TAX CLEARANCE IS REQUIRED FOR:** (MUST check at least ONE box)

- |                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * | <input type="checkbox"/> LIQUOR LICENSE         |
| <input type="checkbox"/> REAL ESTATE LICENSE                                    | <input type="checkbox"/> CONTRACTOR LICENSE     |
| <input type="checkbox"/> PROGRESS PAYMENT                                       | <input type="checkbox"/> FINANCIAL CLOSING      |
| <input type="checkbox"/> FEDERAL CONTRACT                                       | <input type="checkbox"/> PERSONAL               |
| <input type="checkbox"/> SUBCONTRACT                                            | <input type="checkbox"/> HAWAII STATE RESIDENCY |
| <input type="checkbox"/> OTHER _____                                            | <input type="checkbox"/> LOAN                   |

\* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.

**5. DECLARATION** - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.

_____ SIGNATURE	_____ DATE	( ) TELEPHONE	( ) FAX
--------------------	---------------	------------------	------------

PRINT NAME \_\_\_\_\_ PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL. SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

**FOR OFFICE USE ONLY**

BUSINESS START DATE IN HAWAII  
IF APPLICABLE  
/ /

HAWAII RETURNS FILED  
IF APPLICABLE  
20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_  
\_\_\_\_

STATE APPROVAL STAMP  
(State Approval QR Code)

You may scan the QR code to authenticate this tax clearance

IRS APPROVAL STAMP  
(City, County, or State Government Contract)

APPLICANT'S NAME FROM PAGE 1 \_\_\_\_\_

6. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** ☐ Bid/Entering Into or Ongoing Contract ☐ Completion/Final Payment  
For completion/final payment of contract, provide the name, agency, and telephone number of the contact person at the State or County Agency.  
Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
7. **LIQUOR LICENSING:** ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
8. **CONTRACTOR LICENSING:** ☐ Initial ☐ Renewal
9. **STATE RESIDENCY:** DATE APPLICANT ARRIVED OR RETURNED TO HAWAII \_\_\_\_\_
10. **ACCOUNTING PERIOD:** ☐ Calendar year ☐ Fiscal year ending (MM/DD) \_\_\_\_\_
11. **TAX EXEMPT ORGANIZATION:**  
A) Provide the Internal Revenue Code section that applies to your exemption (e.g., 501(c)(3)): \_\_\_\_\_  
B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? ☐ YES ☐ NO  
C) Is your organization required to file federal Form 990, Return of Organization Exempt From Income Tax, or federal Form 990-EZ, Short Form Return of Organization Exempt From Income Tax? ☐ YES ☐ NO  
If "YES," your organization is required to obtain a general excise tax license. Go to line 13.  
If "NO," go to line 11D.  
D) Does your organization have fundraising income? ☐ YES ☐ NO  
If "YES," your organization is required to obtain a general excise tax license.
12. **INDIVIDUAL:** Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_
13. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE:**  
A) Description of your firm's business \_\_\_\_\_  
B) Has your firm had any business income in Hawaii? ☐ YES ☐ NO  
C) Has your firm had an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO  
D) Has your firm provided any services within the State of Hawaii (e.g., servicing computers, training sessions, etc.)? ☐ YES ☐ NO  
E) In the current or preceding calendar year has your firm had gross income of \$100,000 or more, or entered into 200 or more separate transactions attributable to Hawaii in any of the following, or combination of the following, activities? a) Tangible property delivered in Hawaii; b) Services used or consumed in Hawaii; or c) Intangible property used in Hawaii. ☐ YES ☐ NO  
**Note:** If you answer "Yes" to any of the above questions, you are required to apply for a general excise tax license.

#### FILING THE APPLICATION FOR TAX CLEARANCE

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Form A-6 may be used to get both a state tax clearance and a federal tax clearance. If you need to get a tax clearance from both agencies, you should submit a separate Form A-6 to each agency.

State Department of Taxation  
Taxpayer Services Branch  
P.O. Box 259  
Honolulu, HI 96809-0259

Telephone No.: 808-587-4242  
Toll Free: 1-800-222-3229  
Fax No.: 808-587-1488  
or  
830 Punchbowl Street RM 124  
Honolulu, HI 96813-5094

Internal Revenue Service  
W&I Field Assistance  
300 Ala Moana Blvd., #1-128  
Honolulu, HI 96850

(By appointment only. To make an appointment, please call 844-545-5640.)

Automated phone messaging: 808-566-2748  
Fax No.: 855-877-0789

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation on Oahu at 808-587-4242 or toll-free at 1-800-222-3229. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website at [tax.hawaii.gov](http://tax.hawaii.gov).



## 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	_____	Phone (BUS) _____
	(Street address or P.O. Box, City, State, Zip)	
Business Address	_____	SS# _____
	(Street address, City, State, Zip) *No P.O. Box Allowed	
HI Business Address	_____	
	(Street address or P.O. Box, City, State, Zip)	
Resident Address	_____	Fed ID# _____
	(Street address, City, State, Zip) *No P.O. Box Allowed	
Email Address:	_____	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: \_\_\_\_\_

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☐ **SOLE PROPRIETOR** \* No additional information required

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☐ **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) _____

EDUCATION

Vocational school, college, university, special training	yrs.	mos.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE LICENSES

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? ..... ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ YES ☐ NO
3. Have you previously applied for a Hawaii State contractor's license? ..... ☐ YES ☐ NO  
(If "Yes", state month and year: \_\_\_\_\_.)
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? ..... ☐ YES ☐ NO  
(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? ..... ☐ YES ☐ NO  
(If "Yes", attach a detailed statement signed by you.)  
(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? ..... ☐ YES ☐ NO  
(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? ..... ☐ YES ☐ NO  
(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? ..... ☐ YES ☐ NO  
(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? ..... ☐ YES ☐ NO  
(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? ..... ☐ YES ☐ NO  
(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? ..... ☐ YES ☐ NO  
(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

yrs.

mos.

(K) EXPERIENCE STATEMENT

1) TYPE OF WORK & TIME AT EACH – I have worked as a:

☐ Apprentice for ..... yrs. .... mos.  
☐ Journeyman for ..... yrs. .... mos.  
☐ Supervisor for ..... yrs. .... mos.  
☐ Superintendent for ..... yrs. .... mos.  
☐ Contractor for ..... yrs. .... mos.  
☐ Foreman for ..... yrs. .... mos.  
☐ Project Manager for ..... yrs. .... mos.

for

..... yrs. .... mos.

2) TOTAL TIME IN CONSTRUCTION: ..... yrs. .... mos.

(3) SKILLS- I can perform the following:

☐ Read a financial statement  
☐ Compute payroll  
☐ Balance a checking account  
☐ Read blueprints  
☐ Prepare job estimates  
☐ Order materials  
☐ Design & layout construction projects  
☐ Other (specify) .....

☐ Other (specify) .....

4) LIST THE MOST RECENT EXPERIENCE FIRST:

Name of Company

License No.

Type of Business Company Engaged in

Address of Company

Dates employed: ..... to ..... Total: .....  
Mo/ Yr Mo/Yr Yr/Mo

Dates supervised: ..... to ..... Total: .....  
Mo/Yr Mo/Yr Yr/Mo

No. of people supervised: .....

TYPE OF PROJECTS: ☐ Apartments ☐ Office Buildings  
☐ Condominiums ☐ Remodeling  
☐ Custom ☐ Tract Houses  
☐ High Rise ☐ Other (specify): .....

Describe duties and responsibilities:

Hours worked per week: .....

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension): .....

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: \$ .....

Name of Company

License No.

Type of Business Company Engaged in

Address of Company

Dates employed: ..... to ..... Total: .....  
Mo/ Yr Mo/Yr Yr/Mo

Dates supervised: ..... to ..... Total: .....  
Mo/Yr Mo/Yr Yr/Mo

No. of people supervised: .....

TYPE OF PROJECTS: ☐ Apartments ☐ Office Buildings  
☐ Condominiums ☐ Remodeling  
☐ Custom ☐ Tract Houses  
☐ High Rise ☐ Other (specify): .....

Describe duties and responsibilities:

Hours worked per week: .....

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension): .....

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: \$ .....

Name of Company

License No.

Type of Business Company Engaged in

Address of Company

Dates employed: ..... to ..... Total: .....  
Mo/ Yr Mo/Yr Yr/Mo

Dates supervised: ..... to ..... Total: .....  
Mo/Yr Mo/Yr Yr/Mo

No. of people supervised: .....

TYPE OF PROJECTS: ☐ Apartments ☐ Office Buildings  
☐ Condominiums ☐ Remodeling  
☐ Custom ☐ Tract Houses  
☐ High Rise ☐ Other (specify): .....

Describe duties and responsibilities:

Hours worked per week: .....

AVERAGE SIZE OF COMPLETED PROJECTS (Give square footage or anything that will describe physical dimension): .....

AVERAGE GROSS DOLLAR VALUE OF COMPLETED PROJECTS: \$ .....

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 220 Palama Street, 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, Honolulu, HI	John Excavating Inc.	C-17 Excavating, grading & trenching	Construction supervisor - 12 workers	<b>Detailed description:</b> 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. <b>Direct supervision of:</b> installation of new communications conduits & manhole systems by in-house crews. Included excavation, trenching, directional drilling & surface restoration/grading (asphalt & concrete).	\$1,200,000	6 months (Actual) supervisory time - not the time project is on the books

**\*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).

(FILLABLE FORM ON PAGE 3)

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.