

**CHECKLIST FOR MILITARY &  
MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE**

Effective January 5, 2023. 50 U.S.C.A § 4025a Act 18 SLH 2021

**Please do not submit this form with your application. Keep it for your records.**

**Who:** Active military servicemembers or spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a professional license or certificate to practice in another jurisdiction of the United States.

**What:** A temporary license to practice for the duration of the active-duty military member’s service in Hawaii.

APPLICATION	
<input type="checkbox"/> Complete forms	<p style="color: red; font-weight: bold;">Check the license type applying for from the list on page 2.</p>
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <b><i>non</i></b> -military ID <b><i>OR</i></b> <input type="checkbox"/> Statement of Verification from personnel office + <b><i>non</i></b> -military ID	<p>A military ID may be used as proof if presented for in-person verification by licensing staff.</p>
PROOF OF LICENSURE IN ANOTHER JURSDICTION	
<input type="checkbox"/> License verification(s) is required to be sent directly to the licensing agency from each state or province in which applicant holds or has ever held a license.	<p><b>Two Year Active Usage:</b> the license being relied upon must have been actively used by the servicemember or the servicemember’s spouse during the two years immediately preceding the servicemember’s relocation orders.</p> <p><b>Good Standing:</b> The covered license and each license or certification held in another jurisdiction must be unencumbered and in good standing in all jurisdictions in which the person holds a license or certification.</p>
DISQUALIFIED	
An applicant is <b>ineligible</b> for temporary licensure if:	
<ul style="list-style-type: none"> <li>Applicant’s license in any another jurisdiction is <u>not unencumbered and in good standing.</u></li> <li>Applicant’s have not actively used a license being relied upon to qualify for this <u>license.</u></li> </ul>	<p style="color: red; font-weight: bold;">Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</p>

**A person licensed pursuant to this section shall submit to the authority of the licensing authority in this State for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.**

**MILITARY SPOUSE TEMPORARY PROFESSIONAL  
LICENSE APPLICATION**

Legal Name: (First, Middle))	(Last)	<b>FOR OFFICE USE ONLY</b>	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Other Names Used:			Initials/Date:	
Residence or Business Address: (Include Apt. No., City, State & Zip Code)			License No.	Effective Date
Mailing Address: (ONLY if different from above)			<input type="checkbox"/> PCS Orders + non-military ID OR <input type="checkbox"/> Statement of Verification from Personnel Office + non military ID  <input type="checkbox"/> License Verification	
Phone No.: (Days)	Social Security Number		<b>TOTAL</b>	
Personal Email Address	Birth Date		<b>AMOUNT DUE..... \$</b>	

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

1. Complete on-line fillable application OR print LEGIBLY. Check your license type on page 2. Answer ALL questions and sign application. Incomplete applications will not be accepted.
2. The Fees list the individual licenses alphabetically by license type. Find your license type for fee. All required documents must be **ATTACHED** to this application.

Apply Online and Upload this completed application form at: <https://mypvl.dcca.hawaii.gov/>

3. If filing by hardcopy:  
Make check payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.) 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. A \$25.00 service charge shall be assessed for payments that are dishonored for  
*Mail all items to:* *Deliver to office location at:*  
PVL Licensing Branch Commerce & Consumer Affairs 335 Merchant Street, Room 301  
P.O. Box 3469 Honolulu, HI 96801 Honolulu, HI 96813  

**OR**

Phone No.: (808) 586-3000

<b>LICENSES</b>	<b>Name of Jurisdiction (Attach additional sheets if necessary)</b>	Date Issued	Expiration Date	License Number	Date Verification Requested

Name of Applicant: \_\_\_\_\_

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

<b>CHECK LICENSE TYPE APPLYING FOR:</b>		
	<b>LICENSE TYPE</b>	<b>FEE</b>
<input type="checkbox"/>	ACUPUNCTURIST	\$377 - Jul 1 odd year – Jun 30 even year \$230 - Jul 1 even year – Jun 30 odd year
<input type="checkbox"/>	ADVANCED EMERGENCY MEDICAL TECHNICIAN	\$171 - Feb 1 even year – Jan 31 odd year \$102 - Feb 1 odd year – Jan 31 even year
<input type="checkbox"/>	ADVANCED PRACTICE REGISTERED NURSE RECOGNITION	\$194 - Jul 1 odd year – Jun 30 even year \$126 - Jul 1 even year – Jun 30 odd year
<input type="checkbox"/>	ARCHITECT	\$366 - May 1 even year – Apr 30 odd year \$264 - May 1 odd year – Apr 30 even year
<input type="checkbox"/>	ATHLETIC TRAINER	\$285 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$210 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$135 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	AUDIOLOGIST	\$264 - Jan 1 even year – Dec 31 even year \$176 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	BARBER	\$159 - Jan 1 even year – Dec 31 even year \$86 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	BEAUTY INSTRUCTOR	\$165 - Jan 1 even year – Dec 31 even year \$92 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	BEAUTY OPERATOR	\$165 - Jan 1 even year – Dec 31 even year \$92 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	BEHAVIOR ANALYST	\$260 - Jan 1 even year – Dec 31 even year \$150 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	CERTIFIED GENERAL APPRAISER	\$444 - Jan 1 even year – Dec 31 even year \$293 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	CERTIFIED MECHANIC	\$228 - Jul 1 odd year – Jun 30 even year \$133 - Jul 1 even year – Jun 30 odd year
<input type="checkbox"/>	CERTIFIED PHYSICIAN ASSISTANT	\$182 - Feb 1 even year – Jan 31 odd year \$107 - Feb 1 odd year – Jan 31 even year
<input type="checkbox"/>	CERTIFIED PUBLIC ACCOUNTANT	\$215 - Jan 1 even year – Dec 31 even year \$139 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	CERTIFIED RESIDENTIAL APPRAISER	\$444 - Jan 1 even year – Dec 31 even year \$293 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	CHIROPRACTOR	\$391 - Jan 1 even year – Dec 31 even year \$220 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	CONDOMINIUM HOTEL OPERATOR	\$374 - Jan 1 odd year – Dec 31 odd year \$246 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	CONDOMINIUM MANAGING AGENT	\$294 - Jan 1 odd year – Dec 31 odd year \$178 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	CONSUMER CONSULTANT VEHICLE	\$208 - Jul 1 even year – Jun 30 odd year \$134 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	CONTRACTOR - RESPONSIBLE MANAGING EMPLOYEE	\$488 - Oct 1 odd year – Sep 30 even year \$384 - Oct 1 even year – Sep 30 odd year
<input type="checkbox"/>	DENTAL HYGIENIST	\$246 - Jan 1 even year – Dec 31 even year \$164 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	DENTIST	\$448 - Jan 1 even year – Dec 31 even year \$294 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	DEPUTY PORT PILOT	\$743 - Jul 1 even year – Jun 30 odd year \$479 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	DISPENSING OPTICIAN	\$218 - Jul 2 even year – Jul 1, odd year \$98 - Jul 2 odd year – Jul 1, even year
<input type="checkbox"/>	ELECTROLOGIST	\$246 - Jan 1 odd year – Dec 31 odd year \$148 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	ELEVATOR MECHANIC	\$280 - Jul 1 even year – Jun 30 odd year \$160 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	EMERGENCY MEDICAL TECHNICIAN	\$171 - Feb 1 even year – Jan 31 odd year \$102 - Feb 1 odd year – Jan 31 even year
<input type="checkbox"/>	EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC	\$171 - Feb 1 even year – Jan 31 odd year \$102 - Feb 1, odd year – Jan 31 even year

<input type="checkbox"/>	EMERGENCY MEDICAL TECHNICIAN; NON-TRANSPORT	\$171 - Feb 1 even year – Jan 31 odd year \$102 - Feb 1 odd year – Jan 31 even year
<input type="checkbox"/>	FIRM PERMIT TO PRACTICE - SOLE PROPRIETOR	\$121 - Jan 1 even year – Dec 31 even year \$89 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	GUARD	\$330 - Jul 1 even year – Jun 30 odd year \$158 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	GUARD EMPLOYEE	\$151 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$116 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$81 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	HEARING AID DEALER & FITTER	\$258 - Jan 1 even year – Dec 31 even year \$128 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	INDUSTRIAL PSYCHOLOGIST	\$301 - Jul 1 even year – Jun 30 odd year \$162 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	JOURNEY-WORKER ELECTRICIAN	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	JOURNEY-WORKER INDUSTRIAL ELECTRICIAN	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	JOURNEY-WORKER PLUMBER	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	JOURNEY-WORKER SPECIALTY ELECTRICIAN	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	LAND SURVEYOR	\$366 - May 1 even year – Apr 30 odd year \$264 - May 1 odd year – Apr 30 even year
<input type="checkbox"/>	LANDSCAPE ARCHITECT	\$366 - May 1 even year – Apr 30 odd year \$264 - May 1 odd year – Apr 30 even year
<input type="checkbox"/>	LICENSED BACHELOR SOCIAL WORKER	\$281 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$222 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$163 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	LICENSED CLINICAL SOCIAL WORKER	\$478 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$388 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$298 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	LICENSED MARRIAGE AND FAMILY THERAPIST	\$446 - Jan 1 – Dec 31 1 <sup>st</sup> year of triennium \$261 - Jan 1 – Dec 31 2 <sup>nd</sup> year of triennium \$126 - Jan 1 – Dec 31 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	LICENSED PRACTICAL NURSE	\$254 - Jul 1 odd year – Jun 30 even year \$186 - Jul 1 even year – Jun 30 odd year
<input type="checkbox"/>	LICENSED SOCIAL WORKER	\$374 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$300 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$226 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	MAINTENANCE ELECTRICIAN	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	MASSAGE THERAPIST	\$214 - Jul 1 even year – Jun 30 odd year \$132 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	MASTER PLUMBER	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	MENTAL HEALTH COUNSELOR	\$504 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$400 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$306 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	MIDWIVES	\$1418 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$1124 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$830 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	MOTOR VEHICLE SALESPERSON	\$194 - Jul 1 even year – Jun 30 odd year \$107 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	NATUROPATHIC PHYSICIAN	\$458 - Jan 1 even year – Dec 31 even year \$194 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	NURSING HOME ADMINISTRATOR	\$395 - Jul 1 even year – Jun 30 odd year \$280 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	OCCUPATIONAL THERAPIST	\$279 - Jan 1 odd year – Dec 31 odd year \$186 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	OCCUPATIONAL THERAPY ASSISTANT	\$279 - Jan 1 odd year – Dec 31 odd year \$186 - Jan 1 even year – Dec 31 even year

<input type="checkbox"/>	OPTOMETRIST	\$242 - Jan 1 even year – Dec 31 even year \$107 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	OSTEOPATHIC PHYSICIAN AND SURGEON	\$510 - Jul 1 even year – Jun 30 odd year \$384 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	PEST CONTROL FIELD REPRESENTATIVE	\$242 - Jul 1 even year – Jun 30 odd year \$136 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	PEST CONTROL OPERATOR - RESPONSIBLE MANAGING EMPLOYEE	\$295 - Jul 1 even year – Jun 30 odd year \$156 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	PHARMACIST	\$215 - Jan 1 even year – Dec 31 even year \$165 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	PHYSICAL THERAPIST	\$300 - Jan 1 odd year – Dec 31 odd year \$185 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	PHYSICAL THERAPIST ASSISTANT	\$300 - Jan 1 odd year – Dec 31 odd year \$185 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	PHYSICIAN	\$392 - Feb 1 even year – Jan 31 odd year \$221 - Feb 1 odd year – Jan 31 even year
<input type="checkbox"/>	PODIATRIST	\$315 - Feb 1 even year – Jan 31 odd year \$189 - Feb 1 odd year – Jan 31 even year
<input type="checkbox"/>	PORT PILOT	\$743 - Jul 1 even year – Jun 30 odd year \$479 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	PRIVATE DETECTIVE	\$330 - Jul 1 even year – Jun 30 odd year \$158 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	PROFESSIONAL ENGINEER	\$366 - May 1 even year – Apr 30 odd year \$264 - May 1 odd year – Apr 30 even year
<input type="checkbox"/>	PSYCHOLOGIST	\$301 - Jul 1 even year – Jun 30 odd year \$162 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	REAL ESTATE BROKER	\$382 - Jan 1 odd year – Dec 31 odd year \$282 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	REAL ESTATE SALESPERSON	\$382 - Jan 1 odd year – Dec 31 odd year \$282 - Jan 1 even year – Dec 31 even year
<input type="checkbox"/>	REGISTERED NURSE	\$254 - Jul 1 odd year – Jun 30 even year \$186 - Jul 1 even year – Jun 30 odd year
<input type="checkbox"/>	RESPIRATORY THERAPIST	\$340 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$250 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$160 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	SPEECH PATHOLOGIST	\$264 - Jan 1 even year – Dec 31 even year \$176 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	STATE LICENSED APPRAISER	\$444 - Jan 1 even year – Dec 31 even year \$293 - Jan 1 odd year – Dec 31 odd year
<input type="checkbox"/>	SUPERVISING ELECTRICIAN	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	SUPERVISING INDUSTRIAL ELECTRICIAN	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	SUPERVISING SPECIALTY ELECTRICIAN	\$346 - Jul 1 – Jun 30 1 <sup>st</sup> year of triennium \$244 - Jul 1 – Jun 30 2 <sup>nd</sup> year of triennium \$142 - Jul 1 – Jun 30 3 <sup>rd</sup> year of triennium
<input type="checkbox"/>	UNIFORM ATHLETE AGENT	\$497 - Jul 1 even year – Jun 30 odd year \$357 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	VETERINARIAN	\$460 - Jul 1 even year – Jun 30 odd year \$280 - Jul 1 odd year – Jun 30 even year
<input type="checkbox"/>	VETERINARY TECHNICIAN	\$247 - Jul 1 even year – Jun 30 odd year \$182 - Jul 1 odd year – Jun 30 even year

Name of Applicant: \_\_\_\_\_

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

Check answers and give details when required:

1. Have you actively used a professional license by another licensing authority within the United States (U.S.) Territory during the immediately preceding two years?.....Yes  No
2. With regard to any license to practice your profession, trade, or vocation in another jurisdiction within the U. S. or a U. S. Territory:
  - a. Has it ever been revoked, suspended, or placed on probation, surrendered, reprimanded, admonished or otherwise subject to disciplinary action; or have you ever been issued a letter of concern; or have you ever entered into a consent agreement, settlement agreement or final order?..... Yes  No
  - b. Is there any disciplinary action pending against you?..... Yes  No   
 If yes, please provide a detailed explanation. Additionally, please note that pursuant to 436B-16, HRS written notice within 30 days to the licensing authority of any disciplinary sanction must be reported.
  - c. Have you ever been denied or withdrawn application for licensure or certification in lieu of denial or formal adverse action?..... Yes  No

***If any answer is "Yes", provide information on the date, place, and type of disciplinary action, pending or final, or conviction on a separate sheet. Attach any supporting documents, including board's final order or court documentation stating the facts, violations upon which you were convicted, the verdict of the court, the sentence imposed, and the terms of the sentence.***

I hereby certify that the answers, statements, and representations made on this application and 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, and 436B-19 Hawaii Revised Statutes).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Name of Individual who is assisting you: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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.