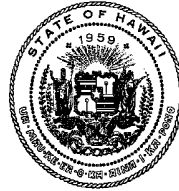


Hawai'i Teacher Standards Board (HTSB) 650 Iwilei Road, Suite 201 Honolulu, HI 96817



Contact: www.htsb.org
Phone: (808) 586-2603
Email: licensingsection@htsb.org
Fax: (808) 586-2606

REQUEST FOR REPLACEMENT LICENSE

1. INSTRUCTIONS. Complete, sign, date, and send form to the above address.

NOTE: (a) Processing time for the issuance of new documents is approximately four months from the date HTSB receives this form.

(b) If the original license is found after the replacement license is received, destroy the original license as it will no longer be valid.

2. PERSONAL INFORMATION. Type or print in blue ink.

Social Security Number - - - - - Date of Birth - - - - -

(Last name as Printed on License) (First name as Printed on License) (MI)
Current Mailing Address City State Zip

Work Phone Home Phone School location

E-mail Address

3. Reason for Request

Reason for request:

4. PROFESSIONAL FITNESS

- YES NO Have you ever had a professional license or professional certificate sanctioned or disciplined by receiving a letter of censure, warning, reprimand, fine, probation or any other restriction or special condition?
YES NO Have you ever been denied a professional license or certificate even if the certificate or license was later issued with conditions or limitations?
YES NO Have you ever had a professional license or certificate suspended or revoked?
YES NO Have you ever surrendered or relinquished a professional license or certificate during or following an investigation into allegations of misconduct?
YES NO Do you have any current investigative or disciplinary action pending against a professional license or certificate or against an application for a professional license or certificate?
YES NO Have you ever been dismissed or resigned employment during or following an investigation into allegations of misconduct?
YES NO Have you been convicted or pled "nolo contendere" (no contest) to a felony or misdemeanor?
YES NO Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?

If you answered "yes" to any of the above questions, additional documentation may be requested after review of your renewal application.

5. FEES: NONE AT THIS TIME.

6. STATEMENT OF AFFIRMATION

I certify that the statements contained in this application are true and correct. I understand that misrepresentation or falsification is grounds for Board refusal to deny my application or impose other disciplinary sanctions.

SIGNATURE

DATE

Information on your application is subject to release pursuant to the Freedom of Information Act.