

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



Contact: www.htsb.org
Phone: (808) 586-2616
Fax: (808) 586-2606

REQUEST FOR REPLACEMENT LICENSE

1. INSTRUCTIONS. Complete this form, sign it, and send it with the processing fee to the address above.
NOTE: (a) Processing time for the issuance of new documents is approximately two to four months from the date HTSB receives this form.
(b) If your original license is found after you receive the new license you should destroy your "old" license as it will no longer be valid.

2. PERSONAL INFORMATION

Type or print in black ink. Social Security Number
Home Phone
Last name, First name, (MI), City, State, Zip
Current Mailing Address
Work Phone, E-mail Address
Reason for request:
Applicant signature, Date

3. PROFESSIONAL FITNESS

Please read carefully and answer ALL five questions. Failure to do so will result in the return of the application. Please refer to instruction sheet.

- Have you ever had a teaching license/certificate/credential/permit revoked? YES NO
NOTE: If you are applying from out-of-state and you answer "yes," you cannot apply until the license (certificate, credential, or permit) has been re-instated and you provide evidence of the action.
Within the past ten years, were you dismissed from or asked to resign from employment? YES NO
Were you separated from military service under conditions other than honorable? NA YES NO
Have you been convicted of a felony or misdemeanor, or pled "nolo contendere" (no contest) or are you under investigation for any such offense, other than a minor traffic offense? 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? YES NO

4. FEES

Processing fee to be determined.

5. STATEMENT OF AFFIRMATION

I hereby certify (declare) that the information provided by me in this application contains no willful misrepresentation or falsification and that all the information given by me is true, complete, and accurate. I understand that this information may be verified and that any misrepresentation or falsification will result in the denial of my application or revocation of my license. Further, I understand that it is my personal responsibility to maintain copies of documents related to this request and that HTSB will not provide such service for me. I also understand that the effective date of my license is based on the date upon which I meet all licensing requirements, i.e. my submittal of 1) a complete application, 2) documentation of my state approved teacher education program, 3) my official passing Praxis scores, and 4) the payment of my licensing fees.

SIGNATURE DATE