



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813
**INSTRUCTION SHEET FOR REQUEST FOR CRIMINAL HISTORY RECORD
CLEARANCE FOR CERTIFICATE OF FITNESS (EXPLOSIVES)**

Instructions

Please completely fill out the REQUEST FOR CRIMINAL HISTORY RECORD CLEARANCE FOR CERTIFICATE OF FITNESS (EXPLOSIVES).

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



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**REQUEST FOR CRIMINAL HISTORY RECORD CLEARANCE FOR
CERTIFICATE OF FITNESS (EXPLOSIVES)**

CONFIDENTIAL
REQUEST FOR CRIMINAL HISTORY RECORD
CLEARANCE FOR
CERTIFICATE OF FITNESS (EXPLOSIVES)

PART I - APPLICANT DATA - (APPLICANT - PLEASE PRINT IN BLACK INK OR TYPE)

Applicant's Full Name (Last, First, Middle)			Date
Alias(es) former name(s) including maiden name			
Applicant's Address			
Social Security No.	Date of Birth	Place of Birth	Country of Citizenship
Employer's Name/Address			
I, the undersigned, consent to the release of information to the Hawaii Occupational Safety and Health Division (HIOSH), Department of Labor and Industrial Relations (DLIR), State of Hawaii, regarding criminal history information in my record for the purpose of determining my qualifications for a certificate of fitness under Section 396-9(a), HRS. I understand that HIOSH may use the information authorized by this release only for the purpose for which it was obtained.			
Applicant's Signature			Date
Criminal history clearances may be obtained at any of the courts, police stations, or the Hawaii Criminal Justice Data Center. If applying in person at one of these locations and there is a Public Access Terminal available for your use, you may use the terminal to request the information yourself (terminal use charge - \$10.00). If you are unable to apply in person, you may send in the completed form to the address below (processing charge - \$20.00). Payment should be made by money order or cashier's check made payable to the Hawaii Criminal Justice Data Center . Personal checks will not be accepted. Cash will be accepted from customers over the counter.			
After completing form, please mail to:		Hawaii Criminal Justice Data Center Department of the Attorney General Kekuanao'a Building 1st Floor 465 S. King Street Honolulu, Hawaii 96813	

PART II - FILE SEARCH DATA

Hawaii Criminal Justice Data Center, Department of the Attorney General
Complete and return to DLIR/Hawaii Occupational Safety & Health Division (HIOSH)

Reports:

By: _____ Date _____
HCJDC Administrator for the Attorney General