

revised 05/2021

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APPLICATION FOR VOLUNTARY SURRENDER OF HAWAII TEACHING LICENSE, PERMIT, OR CERTIFICATE

GENERAL INFORMATION & INSTRUCTIONS

SECTION 1: All questions must be answered.

SECTION 2: Check to verify your request to surrender your license.

SECTION 3: Chose correct reason for surrender.

SECTION 3: You must sign and date your form for it to be accepted.

Upload this completed form to the documents tab in your HTSB account.

Be sure you have done the following before uploading your form.

Complete all information on this request.

] Sign and date this form.

Keep a copy of this completed form for your records.

SECTION 1: PERSONAL INFORMATION All fields must be completed

HTSB ID	Date of Birth		
(LAST NAME)	(FIRST NAME)	(MIDDLE INITIAL)	
Street Address			Phone
City	State	Zip C	Code
Email Address			

SECTION 2. REQUEST TO SURRENDER LICENSE, PERMIT or CERTIFICATE

You must initial this box for your form to be processed:

I voluntarily surrender my current, valid Hawaii Teaching License, Permit, or Certificate

SECTION 3: Reason for Surrender

You must initial one of these options for your form to be processed:

I am surrendering my license, permit, or certificate in lieu of participating in a hearing to take possible action on my license or application. I understand this information will be reported to the Hawaii Department of Education, Hawaii State Charter School Commission, Hawaii Association of Independent Schools, and the National Association of State Directors of Teacher Education and Certification.
My educator preparation provider submitted the incorrect field or grade level for my license. I submitted an application with the incorrect field.
Name of Program:
I was issued a license, permit or certificate that I am not qualified to hold.
I have been recommended for Hawaiian Permit. I will apply immediately for a new Hawaiian Permit.
I have been recommended for CTE Permit. I will apply immediately for a new Permit.
Other: Please explain in the space below:

SECTION 4: STATEMENT OF AFFIRMATION

I certify that the statements contained in this form are true and correct. I understand that if I apply for another license/permit in the future I will have to meet all criteria in effect at the time of my application.

SIGNATURE OF LICENSEE/APPLICANT

DATE