



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH CARE ASSURANCE  
601 KAMOKILA BOULEVARD, ROOM 337  
KAPOLEI, HAWAII 96707

In reply, please refer to  
file:

**DURABLE MEDICAL EQUIPMENT (DME) SUPPLIER  
LICENSE APPLICATION INSTRUCTIONS**

Please read carefully to ensure accuracy in completing the application.

**GENERAL INSTRUCTIONS:**

- Complete in full; incomplete applications will not be considered for licensure.
- Type or print clearly; illegible applications will not be considered for licensure.
- Sign documents that have a signature line.
- Only use the application form provided. OHCA will not accept altered application forms.
- Attach documents and provide explanations on additional pages, if needed.

**APPLICATION FORM INSTRUCTIONS:**

1. Name of Applicant: This is the company name and Trade Name (if applicable), as registered in the State of Hawaii or as registered in the company's home state.

Check the box that best describes your type of business.

2. Hawaii State Tax Identification Number (GE number): Enter the Hawaii State Tax ID number. A valid Hawaii State General Excise Tax Identification Number is **required**<sup>†</sup> for Hawaii State Durable Medical Equipment Supplier licensure.

<sup>†</sup> *For out-of-state applicants, if your business has no nexus and no employees in the State of Hawaii, you are exempt from obtaining a Hawaii General Excise Tax License. Please submit a formal letter stating you have no nexus and no employees in Hawaii along with your DME Supplier License application.*

3. Name of Responsible Contact, Location Address, Mailing Address, Business Phone Number, E-Mail Address: This is the name of the person or agent who will be responsible for providing timely and satisfactory services to consumers during working hours, and the person's or agent's contact information.
4. Include \$350.00 License Fee Payment: Verify payment as cashier's check or money order payable to "Director of Finance." Please input "DME License Fee" in the memo section. DO NOT SEND CASH OR PERSONAL CHECK. Payments by credit card cannot be accepted at this time. This fee will be refunded for applications that are deemed unacceptable or not approved. If applicable, please provide the State of Hawaii Board of Pharmacy license number and license expiration date, then check the "Exempt" box. Applicants whose State of Hawaii Board of Pharmacy license numbers begin with the "PHY-" or "PMP-" prefix will be considered for exemption.

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5. Submission of Documents and Affidavit: The Hawaii business registration, Certificate of Good Standing, and Hawaii General Excise Tax license may be obtained by registering with the Hawaii Business Express, Department of Accounting and General Services at <https://hbe.ehawaii.gov>. Submit the documents, read and agree to the conditions by checking the check boxes, print your name, sign, and date.

Submit copies of all documents requested. Retain a copy of the application and supporting documents for your own records. Submitted documents will not be returned.

**Failure to submit all requested documents may result in processing delays and/or the rejection of your application.**

Submit applications to:

State of Hawaii, Department of Health  
Office of Health Care Assurance  
DME Licensing  
601 Kamokila Boulevard, Room 337  
Kapolei, Hawaii 96707