

PEST CONTROL BOARD

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 Merchant St., Room 301 - P.O. Box 3469
Honolulu, HI 96801
hawaii.gov/dcca/pvl

EXCLUSION FROM CHAPTER 386, HRS

I am claiming exemption from the requirement to submit a copy of a workers' compensation insurance policy because:

- I am a sole owner with no employees.
- We are a partnership with no employees. (Does not apply to LLPs.)
- I am the Responsible Managing Employee (RME) and own or hold interest in at least 50% of the corporation, LLC or LLP, and have no other employees. ***(Attach proof of ownership/interest)**
- I am the Responsible Managing Employee (RME) and own at least 25% of the stocks of the corporation, collect no wages (stock dividends are considered wages), am an officer of the corporation and have no other employees. ***(Attach proof of ownership)**
- I am the Responsible Managing Employee (RME) and am the sole member of the LLC with no employees.
- We are an **out-of-state pest control operator** with no employees in Hawaii.

(*Proof of ownership/interest may consist of stock certificates, minutes of meeting, or BREGs documents)

I understand that upon employing any person in Hawaii, or if I no longer qualify for the exemption in any way, I must provide workers' compensation coverage under the Workers' Compensation Act and must obtain this type of insurance. **I further understand that if I hire an employee, provide workers' compensation coverage for that employee and subsequently release that employee and desire to claim exclusion from Chapter 386, HRS, I must again attest to that fact by signing another form.**

I have read and understand the above, and further understand that any misrepresentation of the above or failure to secure and maintain workers' compensation insurance if I am no longer excluded under Chapter 386, HRS, is grounds for revocation, suspension or refusal to renew a license or other disciplinary action (Section 436B-19 and 460J, Hawaii Revised Statutes).

Date: _____

Signed: _____

Print Name: _____

Legal Name
of Licensee: _____

Sole owner, Corporation, Partnership, LLP

Trade name:
(if any) _____

Address: _____

License No.: PCO - _____

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