EXPERIENCE CERTIFICATE - PEST CONTROL BOARD

Access this form via website at: cca.hawaii.gov/pvl

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:						
Name of Applicant (First, Middle, Last):						
License Requesting (check): RME Sole Owner PCFR						
Branch Requesting (check): Branch 1 - F	umigation 🔲 Bran	nch 2 - General Pest	Branch 3 - Termite			
THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:						
The applicant named above is required to meet an experience requirement to be licensed as a pest control operator or field representative and provide proof of experience by furnishing these certificates in support of any experience claims shown on the applicant's application. The applicant is, therefore, requesting you to certify as to your knowledge of the applicant's experience by completing the form below and on the following page. After you have completed the form, you must have it sworn to and signed before a Notary Public or it cannot be accepted. Do not mail this form to the Pest Control Board. Return the certificate to the applicant in order that it can be attached to the applicant's application. Your cooperation is earnestly solicited so that the Pest Control Board can determine whether an applicant has had the experience necessary to become a capable and qualified pest control operator or field representative.						
Indicate your BUSINESS RELATIONSHIP to the	Dates applicant has supervised:					
applicant:	Employment dates (mo/yr): From: To:		- Jaces applicant has supervised			
EMPLOYER			BR-1: From:	To:		
SUPERVISOR	Experience in BR-1:	yrs./mos.	BR-2: From:	Tai		
PCO RME Lic. #	Dates of experience	yrs./1110s.	BR-2: From:	To:		
Branch(es) held:	Dates of experience: From:	To:	BR-3: From:	To:		
FELLOW EMPLOYEE OTHER (specify):	full time	part time	ndicate LEVEL applicant worked at:	ed at:		
	Experience in BR-2:	yrs./mos.	SERVICE TECHNICIAN			
	Dates of experience: From:	То:	SUPERVISOR			
	full time	part time	CERTIFIED APPLICATOR			
	Experience in BR-3:		OTHER (specify):			
	Dates of experience: From:	To:				
	full time	part time				

(CONTINUED ON PAGE 2 - NOTARIZED SIGNATURE REQUIRED)

Print Name of Applicant:			Date:
DESCRIBE IN DETAIL THE TYPE OF <u>EXPERIEN</u> WORK THE APPLICANT PERFORMED AND TH		RY) GAINED BY THE APPLICA	NT. DESCRIBE THE TYPE OF PEST CONTROL
Certification of Person Completing this Form	n:		
I,	hereby certify that	I have personally known the	e person named as applicant (on page one of
(Print name of Certifier)			
this application); that I have direct knowledgestatements and answers given here are true		or supervisory experience w	hich I have listed above; and, all other
statements and answers given here are true	and correct.		
Signature of the C	Certifier		Date
Print name of Ce	ertifier		
Address of Cer	tifier		Pest Control License No.
Home Phone No.	Business Phone No.		Licensed Branch(es)
Subscribed and sworn to before me this		Doc Dato:	No. of Pages:
day of	A.D. 20		No. or rages
Notary Signature:	t		
Notary Public, State of:		Doc. Description	
My commission expires:			
Print Name:		Notary Signature:	
		Data	