

BR-2 (General Pest)

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

Certification of Training & Field Experience For a Pest Control Field Representative Application

The following must be completed, signed and notarized by the licensed pest control operator/RME responsible to insure and verify the training of the applicant.

Name of Applicant (First, Middle, Last):	Name of Supervising PCO/RME:	Lic. No. of Supervising PCO/RME: PCO -
Company Name:	Company Address:	
PERIOD OF TRAINING FROM _____ TO _____		

The licensed PCO/RME supervising and responsible for the applicant's training shall insure that:

1. The purpose of general pest control training is met;

The purpose of general pest control training is to impart the pest control field representative with sufficient theoretical and practical knowledge to enable the person to recommend and perform pest control work, inspections, pest identifications, and estimations, to diagram sites as appropriate to make written recommendations for implementing a pest management program for household pests.

2. The sixty (60) hours of training for **Branch 2 (General Pest)** shall be comprised of any combination of listed training provided the applicant obtains no fewer than the minimum number of hours in each of the following categories.

	Minimum Hours <u>Required</u>
Inspecting sites and writing inspections reports	14 hours
Identifying pests	24 hours
Understanding labels	8 hours
Diagramming sites and existing structure	5 hours
Applying pesticides including baits, and using non-chemical methods	7 hours
Calibrating equipment	2 hours

(NOTARY SIGNATURE REQUIRED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

Certification of Licensed PCO/RME Completing this Form:

I, _____ hereby certify that I have personally insured and verified the training of
(Print name of certifier)
the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed on page 1; that I have imparted the applicant, through the training and experience, with sufficient theoretical and practical knowledge to enable the person to recommend and perform pest control work, inspections, pest identifications, and estimations, and to diagram sites as appropriate to make written recommendations for implementing a pest management program for household pests; and, all other statements and answers given here are true and correct.

Date

Signature of the Certifier (Licensed PCO/RME)

Print Name of Certifier

Address of Certifier: _____

Pest Control Lic. No.: _____

Licensed Branch(es): _____

Home Phone No.: () _____

Business Phone No.: () _____

Subscribed and sworn to before me this
_____ day of _____ A.D. 20 _____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____

Notary Signature: _____
Date _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.