

# BR-3 (Termite)

Access this form via website at: [cca.hawaii.gov/pvl](http://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 termite training is met;

The purpose of termite training is to impart the pest control field representative with sufficient theoretical and practical knowledge to enable the person to recommend and perform termite work, inspections, estimations, to diagram foundations of structures and areas inspected and to identify conducive conditions to provide written and visual documentation of inspection findings.

2. The sixty (60) hours of training for **Branch 3 (Termite)** 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 .....	16 hours
Identifying pests .....	10 hours
Understanding labels .....	6 hours
Diagramming foundations of structures and portions of the structure inspected. ....	4 hours
Applying pesticides including baits, and using non-chemical methods .....	10 hours
Calibrating equipment .....	2 hours
Performing pre-construction and post-construction treatment using chemical and non-chemical methods .....	6 hours
Performing remedial treatments for the control of subterranean and drywood termites found in Hawaii .....	6 hours

**Fumigation for termites shall not be considered valid experience for branch 3.**

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(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 termite work, inspections, estimations, and to diagram foundations of structures and areas inspected and to identify conducive conditions to provide written and visual documentation of inspection findings, and that 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.