

INSTRUCTIONS FOR ADDITIONAL BRANCH - PEST CONTROL FIELD REPRESENTATIVE

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

APPLICATION FORM

Complete the on-line fillable application form or print legibly in dark ink.

Failure to provide all the requested information will delay the processing of your application.

EXPERIENCE REQUIRED (SUPPORTING CERTIFICATES)

Attach a "Certificate of Training & Field Experience for a Pest Control Field Representative" form for each branch, in support of your experience. **Applicant must have had at least sixty (60) hours of training and field experience under the supervision of a licensed pest control operator/RME in each branch for which license is sought.** The form must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME).

EXPERIENCE (JOB REPORT)

Participation as an applicator in at least **25 Jobs** in the specific branch(es) for which applicant is applying during the sixty (60) hour training & field experience period.

List on the attached "Job Report" form (PC-02) **25 Jobs** as an applicator in which you participated and list the chemicals, treatments used, and area treated.

FEE

ATTACH fee of \$30.00. Make check payable to **Commerce & Consumer Affairs**. (check must be in U.S. dollars and be from a U.S. financial institution.)

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

FILING DEADLINE

Applications must be in our Honolulu office by the application deadline (see application deadline & examination dates on-line at: cca.hawaii.gov/pvl).

BOARD'S ADDRESS

Mail to:

Pest Control Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant St., Room 301
Honolulu, HI 96813

Phone No.: (808) 586-3000

EXAMINATION

The Pest Control licensing examinations are given by a professional testing service, Prometric.

Applicants, upon approval by the board, will be provided with examination registration forms. Applicants must mail the registration forms, together with the appropriate examination fees, directly to Prometric.

Questions regarding the examination and study material should be directed to the testing service at (808) 261-8182 or visit their website at: <https://www.prometric.com/en-us/clients/hawaii/pages/HIPESTCONT.aspx>.

**RELEASE OF
INFORMATION**

If any agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign, and date it.

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

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<i>READ FILING INSTRUCTIONS (page 1) BEFORE FILLING OUT THIS FORM</i>		License No. PCFR -		Effective Date:	
Name of Applicant: (First-Middle-Last)		FOR OFFICE USE ONLY			
Other Names Used:					
Residence Address: (include apt. no., city, state & zip code)					
Mailing Address (ONLY if different from above)					
Social Security No.		Phone No. (days)		BRANCH(ES): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Branch requesting (check): <input type="checkbox"/> Branch-1 Fumigation <input type="checkbox"/> Branch-2 General Pest <input type="checkbox"/> Branch-3 Termite	
License No.: PCFR -					
Branch(es) Held: <input type="checkbox"/> 1 - Fumigation <input type="checkbox"/> 2 - General Pest <input type="checkbox"/> 3 - Termite					
Present Employer & Address of Employer: Name: _____ Lic. No.: PCO - _____ Mailing Address: _____ Phone No.: _____ _____ Branch(es) Held: _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3					
Employer		Description of Work in Detail		Dates (Month/Yr)	
Name:				From	To
Address:					
Name:					
Address:					
(Attach Additional Sheets as Needed)					

(CONTINUED ON PAGE 4)

Print Name of Applicant: _____

Date: _____

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 460J, Hawaii Revised Statutes).

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 460J and Hawaii Administrative Rules, Chapter 94.

Signature of Applicant

Date

Print Name of Applicant

Title

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

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.