

REQUIREMENTS & INSTRUCTIONS - PEST CONTROL FIELD REPRESENTATIVE

PCFR

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

Briefly, the steps to obtain a pest control field representative's license:

- 1) Complete all required forms;
- 2) Submit all required forms to the Board by the application deadline (see application deadline & examination dates on-line);
- 3) Upon approval, register directly with the testing agency by the registration deadline and pass the exam if applicable;
- 4) Pay license fees; and
- 5) Maintain the license.

1) Complete all required forms:

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.

FEES

Attach the application fee of \$30 (not refundable). 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.

EXPERIENCE (Supporting Certificates)

Attach two (2) "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.** One (1) certificate must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME) licensed in the branch for which the application is made.

Applicants are subject to requirements in effect at time of filing.

EXPERIENCE (Job Report)

Participation as an applicator in at least **25 jobs** within the last four (4) years in the specific branch(es) for which applicant is applying.

List on the attached "Job Report" form (PC-33) **25 jobs** as an applicator in which you participated and list the chemicals, non-chemicals, treatments used, and area treated.

EMPLOYMENT CONFIRMATION

Attach a "Confirmation of Employment" form (PC-07a) signed by the Responsible Managing Employee (RME) of your employing firm that the RME will be responsible for the acts, conduct, representations, etc., of you as a pest control field representative and will also be held responsible with you for any violation of the pest control law, safety regulations or the Board's rules, and will be subject to any disciplinary action along with the licensee in violation. Such statement shall be endorsed by the Field Representative.

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LAWS & RULES

To obtain a copy of the Board's laws, Chapter 460J, Hawaii Revised Statutes, and rules, Chapter 94, Hawaii Administrative Rules, send a written request to: Pest Control Board, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 460J and Chapter 94.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Pest Control".

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure 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 to licensure and comply with the licensing requirements in effect at the time of the reapplication.

2) Submit forms to the Board:

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: (808) 586-3000

3) Register DIRECTLY with testing agency:

Examinations are offered at least 6 times a year (FEB, APR, JUNE, AUG, OCT, DEC). Refer to the Board's webpage for examination dates and registration filing deadlines. Applications for examination are subject to approval by the Pest Control Board. Upon approval, all applicants are notified through the mail. Notices of approval are mailed with a "Registration Form" which the applicants complete and mail with the appropriate fees by the registration deadline directly to the testing agency, Prometric. Prometric is an independent testing contractor that administers the Board's examination to all pest control applicants.

NOTE: A walk-in procedure to allow Board approved candidates to take exams at times other than the scheduled dates is available by appointment at Prometric's office for an additional fee. For arrangements contact:

Prometric
354 Uluniu Street, Ste. 308
Kailua, HI 96734
Phone: (808) 261-8182

Questions regarding the examination and study material should be directed to the testing agency, Prometric. Phone: (808) 261-8182 or visit their website at: www.prometric.com.

Approximately 3 weeks after an examination is given, examination results are sent through the mail.

REQUESTS TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE - Must be approved by the Board. Submit your written request to the Board along with your application in advance of the deadline date, to allow for sufficient processing time. Please be advised that you are responsible for any additional cost for this out-of-state testing accommodation and test locations are limited to sites at which the testing service has a secured office.

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4) Pay license fees:

Along with the examination results you will be notified of the license fees due.

5) Maintaining the license:

All licenses, regardless of issuance date, **expire on June 30 of each even-numbered year** and are subject to renewal. Renewal applications are mailed to current licensees at their last known address about a month prior to the license expiration date. To ensure receipt of the renewal application, keep the Board informed of your address.

Scope of Work: A pest control field representative shall not contract for pest control work in representative's own behalf.

Employment: A pest control field representative shall be employed by a pest control operator licensed by the Board.

Change of Employment: Should a pest control field representative terminate employment or obtain employment with another pest control operator, notification must be sent to the Board within 10 days upon change of employment. A current *Confirmation of Employment* form (PC-07a) must be filed with the Board.

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.

APPLICATION FOR LICENSE - PEST CONTROL FIELD REPRESENTATIVE

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

Please read "Requirements & Instructions" before completing this form.

Name of Applicant (First, Middle, Last):	
Other names used:	
Residence Address (Include apt. no., city, state & zip code) - REQUIRED:	
Mailing Address (ONLY if different from business address):	
Social Security No.:	Phone No. (days):

License No. PCFR -	Effective Date:
Branch(es): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
PCO -	

FOR OFFICE USE

Present/Prospective Employer & Address of Employer: (attach "Confirmation of Employment" (form PC-07a)) Name: _____ PCO - _____ Mailing Address: _____ Phone No.: _____	Check BRANCH applying for: <input type="checkbox"/> Branch 1 - Fumigation <input type="checkbox"/> Branch 2 - General Pest <input type="checkbox"/> Branch 3 - Termite
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Check answers. Give details when required.

1. Are you at least 18 years of age? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3a. Do you presently hold or have you ever held a pest control license in this or any other state? YES NO
- 3b. If so, type of License: _____ License No.: _____ State: _____
4. Are you now or have you in the past 5 years been a partner in a company or an officer in a corporation operating in pest control work in Hawaii? YES NO
If response is "YES", please explain on a separate sheet and attach.
5. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
6. Are there any disciplinary actions pending against you? YES NO
7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

(If response is "YES" to questions 5, 6, or 7, provide information on the date, place, and type of conviction or disciplinary action on a separate sheet and attach court documentation including fulfillment of conditions.)

(CONTINUED ON PAGE 2)

Appl	475	\$30
Lic	480	\$32
CRF	477	\$74/\$148
1/2 Ren	470	\$32
Service Fee	BCF	\$25

Print Name of Applicant: _____

Date: _____

EMPLOYMENT HISTORY IN PEST CONTROL WORK in branches you are seeking a Representative License.				
Dates (mo/yr)		Employer	Position	Duties
From	To			

AFFIDAVIT OF APPLICANT:

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 to grant 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

Release of Information to Third Party:

To assist me in the licensing process, I hereby 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.

State of Hawaii
PEST CONTROL BOARD
Department of Commerce and Consumer Affairs
P.O. Box 3469
Honolulu, Hawaii 96801

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EMPLOYMENT CHANGES MUST BE REPORTED TO THE BOARD WITHIN 10 DAYS

**FIELD REPRESENTATIVE
CONFIRMATION OF EMPLOYMENT**

RE: _____

This is to certify that I will be responsible for the acts, conduct and representations of the above-named within the scope of his/her employment as a licensed Pest Control Field Representative, and will be responsible for any violation of the pest control law, safety regulations or the Board's rules by him/her and will be subject to any disciplinary action along with him/her.

Field Representative's Signature

Responsible Managing Employee's Signature

Print Name of PCFR

Print Name of RME

Date

PCO - _____
RME License No.

Firm Name

PCO - _____
Firm License No.

Date