

JOB REPORT - PEST CONTROL OPERATOR/RME

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

Instructions:

Operator/RME applicant - List chronologically **100** jobs within the last four years verifying chemical application in which you were an applicator actively involved in the treatment and application of the chemicals during the 1-year of specialized field experience period for each specific branch for which application is being made; provided that if restricted use chemicals are used, the applicant shall have been the certified applicator of record.

Required jobs for:

BR-1

100 jobs within the last four years of chemical application consisting of structural fumigation.

BR-2 & BR-3

100 jobs within the last four years of chemical and non-chemical applications consisting of one or more of the following formulations: liquids, foams, dusts, gels, aerosols, baits and granules: provided that not more than 50 jobs shall consist of monitoring, baiting or non-chemical methods.

Name of Applicant: _____ **Branch:** 1 2 3

Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
Example: 02/01/12	Bill Smith	1234 S. King Street Honolulu, HI 96813	Ground Termite	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preval	Post Treat (trench)	Exterior
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Print Name of Applicant: _____

Date: _____

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10.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
11.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
12.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
13.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
14.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
15.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
17.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
18.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
19.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
20.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
21.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
22.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
23.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
24.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

(CONTINUED ON PAGE 3)

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Date: _____

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Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
25.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
26.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
27.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
28.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
29.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
30.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
31.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
32.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
33.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
34.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
35.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
36.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
37.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
38.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
39.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

(CONTINUED ON PAGE 4)

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Date: _____

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Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
40.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
41.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
42.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
43.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
44.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
45.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
46.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
47.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
48.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
49.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
50.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
51.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
52.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
53.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
54.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

(CONTINUED ON PAGE 5)

Print Name of Applicant: _____

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Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
55.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
56.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
57.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
58.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
59.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
60.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
61.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
62.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
63.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
64.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
65.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
66.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
67.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
68.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
69.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

(CONTINUED ON PAGE 6)

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Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
70.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
71.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
72.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
73.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
74.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
75.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
76.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
77.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
78.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
79.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
80.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
81.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
82.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
83.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
84.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

(CONTINUED ON PAGE 7)

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Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
85.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
86.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
87.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
88.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
89.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
90.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
91.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
92.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
93.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
94.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
95.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
96.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
97.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
98.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
99.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
100.				<input type="checkbox"/> Yes <input type="checkbox"/> No			