

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

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

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

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.