

## EXPERIENCE CERTIFICATE - PEST CONTROL BOARD

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

### THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant (First, Middle, Last): \_\_\_\_\_

License Requesting (check):     RME                       Sole Owner                       PCFR

Branch Requesting (check):     Branch 1 - Fumigation                       Branch 2 - General Pest                       Branch 3 - Termite

### THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

The applicant named above is required to meet an experience requirement to be licensed as a pest control operator or field representative and provide proof of experience by furnishing these certificates in support of any experience claims shown on the applicant's application.

The applicant is, therefore, requesting you to certify as to your knowledge of the applicant's experience by completing the form below and on the following page. After you have completed the form, you must have it sworn to and signed before a Notary Public or it cannot be accepted.

Do not mail this form to the Pest Control Board. Return the certificate to the applicant in order that it can be attached to the applicant's application.

Your cooperation is earnestly solicited so that the Pest Control Board can determine whether an applicant has had the experience necessary to become a capable and qualified pest control operator or field representative.

Indicate your BUSINESS RELATIONSHIP to the applicant:  <input type="checkbox"/> EMPLOYER  <input type="checkbox"/> SUPERVISOR  <input type="checkbox"/> PCO RME Lic. # _____ Branch(es) held: _____  <input type="checkbox"/> FELLOW EMPLOYEE  <input type="checkbox"/> OTHER (specify): _____ _____	Employment dates (mo/yr): From: _____ To: _____  <b>Experience in BR-1:</b> _____ yrs./mos.  Dates of experience: From: _____ To: _____ <input type="checkbox"/> full time <input type="checkbox"/> part time  <b>Experience in BR-2:</b> _____ yrs./mos.  Dates of experience: From: _____ To: _____ <input type="checkbox"/> full time <input type="checkbox"/> part time  <b>Experience in BR-3:</b> _____ yrs./mos.  Dates of experience: From: _____ To: _____ <input type="checkbox"/> full time <input type="checkbox"/> part time	Dates applicant has supervised:  BR-1: From: _____ To: _____  BR-2: From: _____ To: _____  BR-3: From: _____ To: _____  Indicate LEVEL applicant worked at:  <input type="checkbox"/> SERVICE TECHNICIAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CERTIFIED APPLICATOR <input type="checkbox"/> OTHER (specify): _____ _____
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**(CONTINUED ON PAGE 2 - NOTARIZED SIGNATURE REQUIRED)**

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF EXPERIENCE (FIELD AND OR SUPERVISORY) GAINED BY THE APPLICANT. DESCRIBE THE TYPE OF PEST CONTROL WORK THE APPLICANT PERFORMED AND THE POSITIONS HELD:

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Certification of Person Completing this Form:

I, \_\_\_\_\_ hereby certify that I have personally known the person named as applicant (on page one of this application); that I have direct knowledge of the applicant's field and or supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

\_\_\_\_\_  
Signature of the Certifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Certifier

\_\_\_\_\_  
Address of Certifier

\_\_\_\_\_  
Pest Control License No.

\_\_\_\_\_  
Home Phone No.

\_\_\_\_\_  
Business Phone No.

\_\_\_\_\_  
Licensed Branch(es)

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 \_\_\_\_\_