

# BR-1 (Fumigation)

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

## Certification of Training & Field Experience For a Pest Control Field Representative Application

The following must be completed, signed and notarized by the licensed pest control operator/RME responsible to insure and verify the training of the applicant.

Name of Applicant (First, Middle, Last):	Name of Supervising PCO/RME:	Lic. No. of Supervising PCO/RME:  PCO -
Company Name:	Company Address:	
PERIOD OF TRAINING FROM _____ TO _____		

The licensed PCO/RME supervising and responsible for the applicant's training shall insure that:

1. The purpose of fumigation training is met;

The purpose of fumigation training is to impart the pest control field representative with sufficient theoretical and practical knowledge to enable the person to recommend and perform fumigations, inspections, pest identifications, and estimations, to diagram sites for the purpose of calculating volume of the structure, and to properly communicate this to consumers.

2. The sixty (**60**) hours of training for **Branch 1 (Fumigation)** shall be comprised of any combination of listed training provided the applicant obtains no fewer than the minimum number of hours in each of the following categories.

	Minimum Hours <u>Required</u>
Inspecting sites and writing inspections reports .....	14 hours
Identifying pests .....	5 hours
Understanding labels .....	5 hours
Fumigating structures .....	12 hours
Taking readings using electronic and manual Fumigation reading equipment .....	3 hours
Calculating application rates of the fumigants and the warning agents .....	3 hours
Diagramming existing structure and calculating .....	10 hours
Preparing fumigation sites .....	5 hours
Clearing the structure to insure safe re-entry.....	3 hours

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(NOTARY SIGNATURE REQUIRED ON PAGE 2)

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

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

**Certification of Licensed PCO/RME Completing this Form:**

I, \_\_\_\_\_ hereby certify that I have personally insured and verified the training of  
*(Print name of certifier)*  
the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed on page 1; that I have imparted the applicant, through the training and experience, with sufficient theoretical and practical knowledge to enable the person to recommend and perform fumigations, inspections, pest identifications, and estimations, to diagram sites for the purpose of calculating volume of the structure and to properly communicate this to consumers; and, all other statements and answers given here are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Certifier (Licensed PCO/RME)

\_\_\_\_\_  
Print Name of Certifier

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

Pest Control Lic. No.: \_\_\_\_\_

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

Home Phone No.: ( ) \_\_\_\_\_

Business Phone No.: ( ) \_\_\_\_\_

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 \_\_\_\_\_

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.