

JOB REPORT - PEST CONTROL FIELD REPRESENTATIVE

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

Instructions:

Field Representative applicant - List chronologically **25** jobs within the last four (4) years for each specific branch for which application is being made verifying chemical and non-chemical applications in which you were an applicator.

Required jobs for:

BR-1

25 jobs of chemical application consisting of structural fumigation.

BR-2 & BR-3

25 jobs 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 10 jobs shall consist of monitoring, baiting or non-chemical methods.

| Name of Applicant: _____ | | | | | Branch: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | | |
|---------------------------------|-------------|---|----------------|--|--|------------------------|--------------|
| Date | Client Name | Client Address | Target Pest | Certified Applicator of Record | Chemical/ Non-Chemical | 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 | Previal | 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 | | | |
| 10. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Print Name of Applicant: _____

Date: _____

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| Date | Client Name | Client Address | Target Pest | Certified Applicator of Record | Chemical/ Non-Chemical | Treatment used | Area Treated |
|------|-------------|----------------|-------------|--|------------------------|----------------|--------------|
| 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 | | | |
| 25. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |