

## INSTRUCTIONS FOR ADDITIONAL BRANCH - PEST CONTROL OPERATOR

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

### APPLICATION FORM

Complete the on-line fillable application form or print legibly in dark ink.

**Failure to provide all the requested information will delay the processing of your application.**

An entity, corporation, partnership, joint venture, LLC or LLP cannot be issued a license without having in its employ a principal responsible managing employee (RME). The corporation, partnership, joint venture, LLC or LLP must file a separate application from a RME and both must pay separate fees in order to be licensed.

### EXPERIENCE REQUIRED

**Attach** two (2) "Experience Certificate" (PC-14) forms which verify the following:

- 1) At least one year of specialized field experience as a Commercial applicator within the past four years immediately preceding the filing of this application; and
- 2) At least one year of on-site field supervision actively directing pest control projects whether applying for more than one branch.

NOTE: At least one of the forms must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME) license holder.

- NOT APPLICABLE IF CHANGING FROM RME TO SOLE OWNER

Refer to the board's rules, Sections 16-94-20 and 16-4-21.

### EXPERIENCE (JOB REPORT)

Participation in at least 100 jobs as an applicator **in the specific branch for which applicant is applying** during the one-year specialized field experience period provided that if restricted use chemicals are used, the applicant shall have been the certified applicator of record.

Required jobs for a Pest Control Operator (PCO):

BR-1: 100 jobs of chemical and non-chemical application consisting of structural fumigation.

BR-2 & BR-3: 100 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 50 jobs shall consist of monitoring, baiting or non-chemical methods.

### PESTICIDE CERTIFICATION

Be currently certified under the Hawaii pesticides law by the State Department of Agriculture as a Commercial Applicator in the branch for which application is made for at least ONE YEAR PRIOR to the submission of the application for license. If an applicant has been certified for less than one year, the applicant may demonstrate equivalent experience, indicating that the applicant is familiar with the pests and the use of pesticides under the same or similar conditions prevailing in this state.

**Attach** evidence of a current certification which you had for 1 year. (FRONT AND BACK OF CARD). If an applicant had been certified for less than one year, the applicant may demonstrate equivalent experience, by submitting a letter from previous employer(s), attesting that the applicant is familiar with the pests and the use of pesticides under the same or similar conditions prevailing in this state.

### FEE

**ATTACH** fee of \$30.00. Make check payable to **Commerce & Consumer Affairs**. (check must be in U.S. dollars and be from a U.S. financial institution.)

**FEE (cont'd)** ***NOTE:** One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**CREDIT REPORT (REQUIRED ONLY IF LICENSED PRIOR TO 09/05)** **Submit** a current credit report for each officer, partner, manager, member, RME and individual sole owner (from a credit reporting agency (**issued not more than 6 months ago**)) covering at least the previous 5 years. Out-of-State applicants may apply for a credit report from a retail credit bureau in their area. If a partner or member is a business entity, submit business entity's credit report (i.e., Dun & Bradstreet report) or credit reports on the entity's officers.

**FILING DEADLINE** Applications must be in our Honolulu office at least 10 days prior to the board meeting date. (see Exam/Branch Meeting Schedule).

<b>BOARD'S ADDRESS</b>	Mail to:	Deliver to office location at:
	Pest Control Board DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801	<b>OR</b> 335 Merchant St., Room 301 Honolulu, HI 96813  Phone No.: (808) 586-3000

**EXAMINATION** The Pest Control licensing examinations are given by a professional testing service, Prometric.

Applicants, upon approval by the board, will be provided with examination registration forms. Applicants must mail the registration forms, together with the appropriate examination fees, directly to Prometric.

Questions regarding the examination and study material should be directed to the testing service at (808) 261-8182 or visit their website at: <https://www.prometric.com/en-us/clients/hawaii/pages/HIPESTCONT.aspx>.

**RELEASE OF INFORMATION** If any agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign, and date it.

**ABANDONMENT OF APPLICATION** Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

# APPLICATION FOR ADDITIONAL BRANCH - PEST CONTROL OPERATOR

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

<b>READ FILING INSTRUCTIONS (page 1) BEFORE FILLING OUT THIS FORM</b>		License No. PCO - _____	Effective Date: _____	
Name of Applicant (if sole owner or RME, First-Middle-Last; if corporation, partnership, joint venture, LLC or LLP, give firm name)		FOR OFFICE USE ONLY		
Business Address of firm or Residence Address of RME (include apt. no., city, state & zip code)				
Mailing Address (ONLY if different from above)				
BRANCH(ES): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Lic. No.: _____		
Social Security No. _____		Phone No. (days) _____		Branch(es) Held: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Check only one: <input type="checkbox"/> Individual (sole owner) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Responsible Managing Employee (RME) <input type="checkbox"/> Joint Venture (J/V)			Classification requesting (check): <input type="checkbox"/> Branch-1 Fumigation <input type="checkbox"/> Branch-2 General Pest <input type="checkbox"/> Branch-3 Termite	
If applicant is a corporation, partnership, J/V, LLC, LLP, provide: Name of RME: _____ Lic. No.: PCO - _____ Branch(es) Held: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		If applicant is a Responsible Managing Employee (RME), provide: Name of employing firm: _____ Lic. No.: PCO - _____ Branch(es) Held: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
RME APPLICANTS ONLY (Attach Additional Sheets as Needed)	Employer (if self-employed, so state)		Description of Work in Detail	
	Name: _____			
	Address: _____			
	Name: _____			
Address: _____				
		From	To	

(CONTINUED ON PAGE 4)

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

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

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 460J, Hawaii Revised Statutes).

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 460J and Hawaii Administrative Rules, Chapter 94.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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.

## 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  
(Print name of Certifier)

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 \_\_\_\_\_

## 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.

<p>Indicate your BUSINESS RELATIONSHIP to the applicant:</p> <p><input type="checkbox"/> EMPLOYER</p> <p><input type="checkbox"/> SUPERVISOR</p> <p><input type="checkbox"/> PCO RME Lic. # _____</p> <p style="padding-left: 20px;">Branch(es) held: _____</p> <p><input type="checkbox"/> FELLOW EMPLOYEE</p> <p><input type="checkbox"/> OTHER (specify): _____</p>	<p>Employment dates (mo/yr):</p> <p>From: _____ To: _____</p> <hr/> <p><b>Experience in BR-1:</b> _____ yrs./mos.</p> <p>Dates of experience:</p> <p>From: _____ To: _____</p> <p style="text-align: center;"><input type="checkbox"/> full time    <input type="checkbox"/> part time</p> <hr/> <p><b>Experience in BR-2:</b> _____ yrs./mos.</p> <p>Dates of experience:</p> <p>From: _____ To: _____</p> <p style="text-align: center;"><input type="checkbox"/> full time    <input type="checkbox"/> part time</p> <hr/> <p><b>Experience in BR-3:</b> _____ yrs./mos.</p> <p>Dates of experience:</p> <p>From: _____ To: _____</p> <p style="text-align: center;"><input type="checkbox"/> full time    <input type="checkbox"/> part time</p>	<p>Dates applicant has supervised:</p> <p>BR-1: From: _____ To: _____</p> <p>BR-2: From: _____ To: _____</p> <p>BR-3: From: _____ To: _____</p> <p>Indicate LEVEL applicant worked at:</p> <p><input type="checkbox"/> SERVICE TECHNICIAN</p> <p><input type="checkbox"/> SUPERVISOR</p> <p><input type="checkbox"/> CERTIFIED APPLICATOR</p> <p><input type="checkbox"/> OTHER (specify): _____</p>
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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.

(Print name of Certifier)

\_\_\_\_\_  
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 \_\_\_\_\_

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Notary Signature: \_\_\_\_\_

Date \_\_\_\_\_

## JOB REPORT - PEST CONTROL OPERATOR/RME

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

<b>Name of Applicant:</b> _____	<b>Branch:</b> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
<b>Example:</b> 02/01/12	Bill Smith	1234 S. King Street Honolulu, HI 96813	Ground Termite	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previa	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: \_\_\_\_\_

### JOB REPORT - PEST CONTROL OPERATOR/RME

Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemicals	Treatment used	Area Treated
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)

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

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

**JOB REPORT - PEST CONTROL OPERATOR/RME**

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)

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

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

### JOB REPORT - PEST CONTROL OPERATOR/RME

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: \_\_\_\_\_

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

**JOB REPORT - PEST CONTROL OPERATOR/RME**

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)

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

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

**JOB REPORT - PEST CONTROL OPERATOR/RME**

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)

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

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

### JOB REPORT - PEST CONTROL OPERATOR/RME

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			

**PEST CONTROL BOARD**  
**Department of Commerce & Consumer Affairs**  
**335 Merchant St., Room 301, P.O. Box 3469**  
**Honolulu, Hawaii 96801**

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

**Entity Resolution**

\_\_\_\_\_ hereby appoints \_\_\_\_\_  
(Name of Entity) (Name of Individual)

PCO - \_\_\_\_\_, who shall be at all times a holder of a valid Hawaii pest control operator license, to be its  
(License No., if applicable)

Responsible Managing Employee ("RME"). The RME shall be:

1. In a position to secure full compliance with the pest control laws and rules of the Board;
2. Familiar with all contracts the firm enters into and sees that all contract provisions are carried out. To record that familiarity, the RME shall sign or initial all contracts;
3. Familiar with all projects the firm undertakes and sees that records are kept on the projects; and
4. In residence in the State during the time the RME license is in effect or during the period a project is undertaken.

\_\_\_\_\_  
Signature of RME

\_\_\_\_\_  
Signature of Officer, Partner, Manager or Member

\_\_\_\_\_  
Print Name of RME

\_\_\_\_\_  
Print Name of Officer, Partner, Manager or Member

License No. PCO - \_\_\_\_\_

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.