

# REQUIREMENTS & INSTRUCTIONS - PEST CONTROL OPERATOR

PCO

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

Briefly, the steps to obtain a pest control operator's license:

- 1) Complete all required forms;
- 2) Submit all required forms to the Board by the application deadline (see application deadline & examination dates on-line);
- 3) Upon approval, register directly with the testing agency by registration deadline date (sole owners and responsible managing employees only), and pass the exam if applicable;
- 4) Submit license documents and pay license fees; and
- 5) Maintain the license.

NOTE: If requesting to **add an additional branch**, complete a separate "Additional Branch - Pest Control" application (PC-34). Application may be downloaded from: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl).

If you are presently a RME and requesting **to change to a Sole Owner** or if you are presently "inactive" and **will be reactivating**, complete a separate "Reactivation/status change/Employment/Conversion - Pest Control" application (PC-22).

- 1) **Complete all required forms - Required documents vary for different license types and business entities.**  
**Refer to the sections that apply to you:**

## **ALL APPLICANTS:**

### **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.

### **FEES**

**Attach** the application fee of \$30 (not refundable). Additional fees will be assessed after Board approval and passage of examination (if applicable). Make check payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

**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.*

## **IF APPLYING AS A BUSINESS ENTITY - SOLE OWNER, CORPORATION, PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY COMPANY & LIMITED LIABILITY PARTNERSHIP:**

### **CREDIT REPORT**

**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.

(CONTINUED ON PAGE 2)

**TAX CLEARANCE**

**Submit** a **current** Hawaii State Tax Clearance (**not more than 6 months old**) with an **original** State Department of Taxation stamp. (Not applicable to people residing in Hawaii less than 1 year and not applicable to corporations, partnerships, LLC's or LLP's registered in Hawaii less than 1 year.)

**ENTITY REGISTRATION: CORPORATION/PARTNERSHIP LLC or LLP**

If the application is for a corporation, partnership, LLC or LLP we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810. Please contact them for the proper forms at: (808)586-2727 or visit their website at: [cca.hawaii.gov/breg](http://cca.hawaii.gov/breg) to order "Certificates of Good Standing" forms, etc.

If the entity has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a current "Certificate of Good Standing" issued not more than one (1) year ago.

**TRADE NAME**

If applicant will be using a trade name, **attach a current** "filed-stamped" copy of the "Application for Registration of Trade Name" approved by the Business Registration Division. You may contact them at: (808) 586-2727.

**RME DESIGNATION (ENTITY RESOLUTION)**

**Attach** an "Entity Resolution" form (PC-29) signed by an officer of the corporation, a partner of the partnership, LLP, or joint venture, or a manager or member of the limited liability company designating the Responsible Managing Employee (RME). The resolution shall specify duties and responsibilities of the RME. The RME shall co-sign the resolution.

The designated RME must hold a license with appropriate branches. Any change in employment status of designated RMEs must be reported to the Board within 10 working days.

**IF APPLYING AS A SOLE OWNER OR RESPONSIBLE MANAGING EMPLOYEE (RME):**

**EXPERIENCE (Supporting Certificates)**

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

- 1) At least one year of specialized field experience as a Commercial applicator within the past four (4) 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 16-94-21, for substitutions.

**EXPERIENCE (Job Report)**

Participation in at least 100 jobs within the last four (4) years 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 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 (1) 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 one (1) year. (FRONT AND BACK OF CARD). If an applicant has been certified for less than one (1) 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.

**RESPONSIBLE  
MANAGING  
EMPLOYEE (RME)  
ONLY**

**Attach** an "Entity Resolution" form (PC-29) signed by an officer of the corporation, all partners of the partnership, LLP or joint venture, or managers or members of the limited liability company, designating the Responsible Managing Employee (RME). The resolution shall specify duties and responsibilities of the RME and the position the RME holds (officer, partner). The RME shall co-sign the resolution.

The officer or partner designated RME must hold a license in a branch(es) that the entity holds.

**2) Submit forms to Board:**

**SUBMITTING  
APPLICATION**

Mail to:

PEST CONTROL BOARD  
DCCA, PVL, Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant St., Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

**LAWS & RULES**

To obtain a copy of the Board's laws, Chapter 460J, Hawaii Revised Statutes, and rules, Chapter 94, Hawaii Administrative Rules, send a written request to: Pest Control Board, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 460J and Chapter 94.

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Pest Control".

**RELEASE OF  
INFORMATION**

If an agency or individual is assisting you with the licensure 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 to licensure and comply with the licensing requirements in effect at the time of the reapplication.

**3) Register DIRECTLY with testing agency (SOLE OWNERS & RESPONSIBLE MANAGING EMPLOYEES ONLY):**

Examinations are offered at least 6 times a year (FEB, APR, JUNE, AUG, OCT, DEC). Refer to the Board's webpage for examination dates and registration filing deadlines. Applications for examination are subject to approval by the Pest Control Board. Upon approval, all applicants are notified through the mail. Notices of approval are mailed with a "Registration Form" which the applicants complete and mail with the appropriate fees by the registration deadline directly to the testing agency, Prometric. Prometric is an independent testing contractor that administers the Board's examination to all pest control applicants.

**NOTE:** A walk-in procedure to allow Board approved candidates to take exams at times other than the scheduled dates is available by appointment at Prometric's office for an additional fee. For arrangements contact:

Prometric  
354 Uluniu Street, Ste. 308  
Kailua, HI 96734  
Phone: (808)261-8182

Questions regarding the examination and study material should be directed to the testing agency, Prometric. Phone: (808)261-8182 or visit their website at: [www.prometric.com.hawaii](http://www.prometric.com.hawaii).

Approximately 3 weeks after an examination is given, examination results are sent through the mail.

**REQUESTS TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE** - Must be approved by the Board. Submit your written request along with your application in advance of the deadline date, to allow for sufficient processing time. Please be advised that you are responsible for any additional cost for this out-of-state testing accommodation and test locations are limited to sites at which the testing service has a secured office.

**4) Obtaining the license:**

Along with the results of the examination or notice of Board approval will be instructions for paying license fees and submitting other required documents. Businesses will be required to submit the following:

**WORKERS'  
COMPENSATION  
INSURANCE**

Submit a "*Certificate of Insurance*" from an insurance company authorized to do business in this State, and a statement from the insurance carrier that the Board will be notified of any withdrawal, termination, or cancellation of insurance.

Sole proprietor or partnership with NO employees may file a form prescribed by the Board, in lieu of workers' compensation insurance.

Corporations may file a form prescribed by the Board, in lieu of workers' compensation insurance when the RME owns at least 50% of the corporation and there are NO OTHER EMPLOYEES.

LLC's with no employees may file written verification of exclusion from the State Department of Labor and Industrial Relations in lieu of workers' compensation insurance. To obtain an exclusion letter, you must submit your written request, including a statement that you are an LLC and that you have no employees, to:

Disability Compensation Administrator  
Department of Labor & Industrial Relations  
Disability Compensation Division  
830 Punchbowl Street, Rm. 211  
Honolulu, HI 96813

**GENERAL LIABILITY  
INSURANCE**

Submit a "*Certificate of Insurance*" from an insurance company authorized to do business in this State for general liability in the minimum amount of \$100,000 for any one claim and a minimum aggregate of not less than \$300,000 for all claims arising during a policy term of one year.

**BUSINESS ADDRESS/  
COUNTY ZONING**

Business must be maintained in a location properly zoned to allow such a business which includes chemical storage by the respective counties. You must confirm with the appropriate county agency and certify that your place of business and chemical storage facility is located in an area zoned to allow such before your license will be issued. For zoning clearance confirmation or any questions regarding zoning, please direct your inquiries to the respective county. Refer to the "*Zoning Certification*" form (PC-12) for address and phone number information.

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## 5) **Maintaining the license:**

All licenses, regardless of issuance date, expire on June 30 of each even-numbered year and are subject to renewal. Renewal applications are mailed to current licensees at their last known address about a month prior to the license expiration date. To ensure receipt of the renewal application, keep the Board informed of your address.

Scope of Work: A pest control operator shall not contract for pest control work in a branch other than in what the operator is licensed.

Maintain Insurance: Business shall maintain current workers' compensation and liability insurance policies and provide the Board with evidence of current coverage. Failure to maintain the required workers' compensation or liability insurance shall cause the automatic forfeiture of the license effective as of the date of the expiration or cancellation of the workers' compensation or liability insurance.

A forfeited license may be restored upon proof of continuous or replacement insurance coverage submitted to the Board within sixty (60) days after the date of forfeiture.

Failure to submit proof of continuous or replacement workers' compensation or liability insurance coverage within sixty (60) days after the date of expiration or cancellation shall result in the forfeiture of license and all fees, and shall require the person to apply as a new applicant.

Employment: A responsible managing employee shall be employed by a pest control entity licensed by the Board.

Entity - RME Dependency: If for any reason the responsible managing employee leaves the entity or dies, the entity must notify the Board and file an application for a new RME within thirty (30) days of the RME's dissociation or death.

Change of Employment: Should a responsible managing employee terminate employment or obtain employment with another pest control operator, the pest control operator shall advise the Board within ten (10) days.

Change of Business/Chemical Storage Facility Address: A zoning certification form must be submitted to change a business and/or Chemical Storage Facility address.

Pesticide Certification: Certification by the State Department of Agriculture as a Commercial Applicator in the appropriate branches must be maintained.

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.

# APPLICATION FOR LICENSE - PEST CONTROL OPERATOR

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

Please read "Requirements & Instructions" before completing this form.

Name of Applicant (If sole owner or RME - First, Middle, Last; if corporation, partnership, joint venture, LLC or LLP, give firm name as registered with BREG):

Trade Name (If one will be used):

Hawaii Business Address (Include suite no., city, state & zip code):

Mailing Address (**ONLY** if different from business address):

Residence Address of Sole Owner or RME:

Social Security No.:

Phone No. (days):

<b>FOR OFFICE USE</b>	License No. PCO -	Effective Date:
	Branch(es): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	PCO -	

Indicate the branch you are applying for:

Branch 1 - Fumigation  Branch 3 - Termite

Branch 2 - General Pest

Indicate the type of application being made:

Sole Owner  Corporation  LLC

Partnership  Joint Venture  LLP

RME

**NAMES & TITLES and attach a credit report for each name (If applicant is corporation, partnership, joint venture, LLC or LLP)**  
(Attach additional sheets if needed)

Full Name (First, Middle, Last)	Title or Position	Residence Address (Give location, P.O. Box not acceptable)

If applicant is a partnership or entity - <b>provide: Name of Responsible Managing Employee (RME)</b>	License No. of RME: PCO -	Branches Held:
	License No. of FIRM: PCO -	Branches Held:
If applicant is Responsible Managing Employee (RME) - <b>provide:</b>		Phone No. (days):
Name of Employing Firm: _____		
Mailing Address: _____		

(CONTINUED ON PAGE 2)

Appl..... 475..... \$30	Lic..... 480..... \$52
	CRF..... 477..... \$74/\$148
	1/2 Ren..... 470..... \$65
	Service Fee..... BCF..... \$25

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

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

EMPLOYMENT HISTORY (If applicant is a sole owner or RME) (Attach additional sheet if needed)				
Dates (mo/yr)		Name of Employer	Position Held	Duties
From	To			

**Check answers. Give details when required.** (NOTE: Questions 1 and 2 apply to Sole Owner and RME applicants only).

1. Are you at least 18 years of age? .....  YES  NO

2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES  NO

3. Do you presently hold or have you ever held a pest control license in Hawaii or in any other state? .....  YES  NO

If so, Type of License: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_

4. Give names, dates of attendance and copy of any technical training, college degree or business administration training:

\_\_\_\_\_

5. Have you, any of the corporate officers, partners, managers or members of the entity, ever been adjudicated bankrupt in this or any other state? .....  YES  NO

**(If "YES", attach a detailed statement giving the number of bankruptcy proceedings, the location of the bankruptcy court, a schedule of creditors listed in the bankruptcy petition, the approximate date of the action and a statement of the final action upon the proceedings.)**

6. Are there now any unpaid past due bills for either materials, services rendered, labor or any liens, suits or judgments now pending or recorded against you, the entity, any of the corporate officers, partners, managers or members of the entity in this or any other state? .....  YES  NO

**(If "YES", attach a detailed statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason; a resume of employment and business activities; and copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other relevant documents.)**

7. Has any license ever been suspended, revoked or otherwise subject to disciplinary action?.....  YES  NO

8. Are there any disciplinary actions pending against you, any of the corporate officers, partners, managers or members of the entity? .....  YES  NO

**(If "YES" to 7 or 8, attach a detailed statement explaining the circumstances and copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents.)**

9. Have you or any of the corporate officers, partners, managers or members of the entity ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO

**(If "YES", explain on a separate sheet the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, and training attended. Also, submit court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)**

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

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

**AFFIDAVIT OF APPLICANT:**

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 to grant 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 Owner, Partner, Officer of Corporation, Manager or  
Member of LLC or LLP responsible managing employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Release of Information to Third Party:**

To assist me in the licensing process, I hereby 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.



**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](http://cca.hawaii.gov/pvl)

Applicant: \_\_\_\_\_

Address of Pest Control Business:

Address of Chemical Storage facility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax Key No.: \_\_\_\_\_

Tax Key No.: \_\_\_\_\_

**ZONING CERTIFICATION FORM**

As an applicant or licensee for a pest control operator's license, I understand that the law requires my place of business and chemical storage facility to be located in an area zoned to allow such. I have confirmed with the County that I am able to conduct my pest control business at the above address and I hereby certify the following:

1. That the business and its location and the chemical storage facility and its location (if not the same) as indicated on the application comply with the zoning code of the county;
2. That the applicant or RME shall comply with any and all restrictions imposed by the county, or any other government agency with jurisdiction on the use of the office or place of business; and place of chemical storage.
3. That if there is any change of address, of the business or chemical storage facility, the board will be informed, new confirmation from the county will be obtained, and a new zoning certification form will be signed; and
4. That if the county or any government agency with jurisdiction finds the applicant in violation of any of the provisions or restrictions, the pest control license may be revoked, suspended, refused to be renewed, or otherwise disciplined.

I have read and understood the above, and acknowledge that any material misrepresentations of the above constitutes grounds for denial of the attached license application, refusal or renewal of application, license suspension, license revocation, and/or the imposition of penalties pursuant to Hawaii Revised Statutes, Chapters 460J and 436B.

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

Signed: \_\_\_\_\_

PCO/RME

Legal Name  
of License:

\_\_\_\_\_

Sole Owner, Corporation, Partnership, LLC, LLP

Mailing Address: (if different from above)

\_\_\_\_\_

\_\_\_\_\_

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.

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## ZONING CERTIFICATION REQUIREMENT

Please be advised that one of the requirements for a license to do business as a pest control operator in Hawaii is to maintain a place of business in the State in an area zoned to allow such a business. You must confirm with the appropriate county agency as to whether your business location and chemical storage facility is located in an appropriately zoned area and make an attestation as to your approval (on form PC-12) before your license will be issued. For applications or any questions regarding the zoning, please direct your inquiries to:

County of Honolulu:            Department of Planning & Permitting            Phone: (808) 768-8252  
Building Division  
Zoning Plan Review Branch  
City and County of Honolulu  
650 So. King Street, 7th Floor  
Honolulu, HI 96813

   Kapolei Building Permit Center            Phone: (808) 768-3123  
Kapolei Hale  
1000 Uluohia Street  
Kapolei, HI 96707

Kakaako Community            Hawaii Community Development Authority  
Development District:  
Kakaako Office            Phone: (808) 594-0300  
547 Queen Street  
Honolulu, HI 96813

   Kalaeloa Field Office            Phone: (808) 620-9641  
91-5420 Kapolei Parkway  
Kapolei, HI 96707

County of Hawaii:            County of Hawaii  
Planning Department  
East Hawaii            Phone: (808) 961-8288  
Aupuni Center  
101 Pauahi St., Suite 3  
Hilo, HI 96720

   West Hawaii            Phone: (808) 323-4770  
74-5044 Ane Keohokalole Hwy.  
Building E, 2nd Floor  
Kailua-Kona, HI 96740

County of Kauai:            County of Kauai            Phone: (808) 241-4050  
Planning Department  
4444 Rice Street, Ste. 473  
Lihue, HI 96766  
Request: Planning Technician

County of Maui:            County of Maui            Phone: (808) 270-7735  
Planning Department  
Zoning Administration &  
Enforcement Division - ZAED  
2200 Main Street  
One Main Plaza Bldg., Ste. 335  
Wailuku, HI 96793

## 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.

**Name of Applicant:** \_\_\_\_\_ **Branch:**     1     2     3

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	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			

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			

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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			

## 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> <p style="text-align: center;">_____</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.

\_\_\_\_\_  
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> <p style="text-align: center;">_____</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.

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

**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.