

# REQUIREMENTS FOR REACTIVATION/STATUS CHANGE/ EMPLOYMENT/CONVERSION - PEST CONTROL

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

Mail required documents to:

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

**OR**

Deliver to office location at:

335 Merchant Street, Room 301  
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:

Molokai & Lanai: 1-800-468-4644 ext. 6-3000

Hawaii: 974-4000 ext. 6-3000

Maui: 984-2400 ext. 6-3000

Kauai: 274-3141 ext. 6-3000

## **NO APPLICATION/FEEs REQUIRED FOR THE FOLLOWING:**

**Changes to  
business address  
and/or address of  
chemical storage  
facility (This  
applies to  
entities and sole  
owners)**

**Attach** completed Zoning Certification form (PC-12). P.O. Box or another address can be used for mailing.

**Other address  
changes**

**Submit** a written request for all other changes. Do not use this form.

## **CHANGING EMPLOYER:**

**Field  
representative**

**Submit** a completed Confirmation of Employment form (PC-07a). This form can be found within the application for Pest Control Field Representative.

**Responsible  
managing  
employee**

**Submit** 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 RME, which the RME shall co-sign.

## **APPLICATION/FEEs ARE REQUIRED FOR THE FOLLOWING:**

**Conversion to  
another entity**

1. \$30 fee and complete application (PC-25).
2. A "*filed-stamped*" copy of the Articles of Organization for the new entity filed with the Business Registration Division of the Department of Commerce and Consumer Affairs (BREG).
3. Copy of Certification of Conversion issued by BREG.
4. Rider or new certificate of liability and workers' compensation insurance in the new name.

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***THE FOLLOWING ACTIONS REQUIRE BOARD APPROVAL and must be received in the board's Honolulu office at least 10 days prior to the board meeting date. Board meetings are usually scheduled in January, March, May, July, September and November. Make checks payable to: COMMERCE & CONSUMER AFFAIRS. (Check must be in U.S. dollars and be from a U.S. financial institution.)***

**Presently a RME and Changing to Sole Owner**

1. \$30 fee and complete application (PC-25).
2. Letter verifying disassociation from firm.
3. 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.
4. A **current** Hawaii State Tax Clearance (**not more than 6 months old**) with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
5. Copy of **current** Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD).
6. Copy of **current** Trade Name Registration (if using trade name).
7. Zoning Certification form (PC-12).

**Presently inactive RME and will be reactivating as sole owner**

1. \$30 fee and complete application (PC-25).
2. 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.
3. A **current** Hawaii State Tax Clearance (**not more than 6 months old**) with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
4. Copy of **current** Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD).
5. Copy of **current** Trade Name Registration (if using trade name).
6. Zoning Certification form (PC-12).

**Presently inactive Corporation, Partnership, LLC, LLP or joint venture and will be reactivating**

1. \$30 fee and complete application (PC-25).
2. 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.
3. A **current** Hawaii State Tax Clearance, (**not more than 6 months old**) with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
4. Copy of **current** Trade Name Registration (if using trade name).
5. Entity resolution form (PC-29) signed by an officer of the corporation, a partner of the partnership, LLP, joint venture, or a manager or member of the limited liability company designating the RME, which the RME shall co-sign. The resolution shall specify the duties and responsibilities of the RME.
6. Certificate of Good Standing for business entity which can be obtained from BREG.
7. Zoning Certification form (PC-12).

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**Presently inactive field representative and will be reactivating**

1. \$30 fee and complete application (PC-25).
2. Complete Confirmation of Employment form (PC-07a).

**Presently inactive and will be reactivating as RME**

1. \$30 fee and complete application (PC-25).
2. A **current** credit report (from a credit reporting agency **issued not more than 6 months ago**) covering at least the last 5 years.
3. Copy of **current** Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD).
4. 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 RME, which the RME shall co-sign.

**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 "**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.

**NOTE: Upon approval by the Board, the following may be due:**

- Evidence of liability-property damage insurance from an insurance company authorized to do business in Hawaii. (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).
- Evidence of workers' compensation insurance from an insurance company authorized to do business in Hawaii. If you are claiming exemption from this requirement, complete and submit Exclusion from Chapter 386, HRS (PC-15).

Questions regarding requirements for workers' compensation coverage may be directed to JoAnn Vidinhar, Disability Compensation Division Administrator, at (808) 586-9161.

- Applicable fees.
- A signed "*Principal RME Designation*" form (available at Board's office) and, if applicable other items that may be required by the Board.

# APPLICATION FOR REACTIVATION/STATUS CHANGE/ EMPLOYMENT/CONVERSION - PEST CONTROL

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:

EIN/SSN:

Phone No. (days):

Check only one:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Individual (sole owner) | <input type="checkbox"/> Joint Venture (J/V)                 | <input type="checkbox"/> Responsible Managing Employee (RME) |
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Limited Liability Company (LLC)     | <input type="checkbox"/> Field Representative                |
| <input type="checkbox"/> Partnership             | <input type="checkbox"/> Limited Liability Partnership (LLP) |  |

Application is being made to: (check one)

- REACTIVATE BRANCH**       **REACTIVATE LICENSE**       **CHANGE STATUS**       **CONVERSION**

If applicant is a - corporation, partnership, J/V, LLC or LLP, provide:

**Name of Responsible Managing Employee (RME):**

Residence Address: \_\_\_\_\_

If applicant is a Responsible Managing Employee (RME), **name of employing firm:**

Mailing Address: \_\_\_\_\_

FOR OFFICE USE	License No. PCO [ ] PCFR [ ]	Effective Date:	
	Branch(es): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	<input type="checkbox"/> Reactivate Branch <input type="checkbox"/> Reactivate License <input type="checkbox"/> Conversion		
	PCO -		
	License No. Held:		
Branch(es) Held:	<input type="checkbox"/> Branch 1 - Fumigation <input type="checkbox"/> Branch 3 - Termite <input type="checkbox"/> Branch 2 - General Pest		
Branch(es) Reactivating:	<input type="checkbox"/> Branch 1 - Fumigation <input type="checkbox"/> Branch 3 - Termite <input type="checkbox"/> Branch 2 - General Pest		
License No. of RME: PCO -		Phone No.:	
License No. of FIRM: PCO -		Phone No.:	

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Appl. .... 475 .....\$30	PCO:    Ren ..... 470 .....\$130	PCFR:    Ren ..... 470 .....\$ 64
React. .... 472 .....\$36	CRF ..... 477 .....\$148	CRF ..... 477 .....\$148
Service Fee ... BCF ..... \$25		

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

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

**Complete only if applicant is reactivating a license as a sole owner, corporation, partnership, J/V, LLC, or LLP. List name(s) of owner, officers, directors, managers or members and title.**

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

**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

**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.