

## INSTRUCTIONS FOR ADDITIONAL BRANCH - PEST CONTROL FIELD REPRESENTATIVE

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.**

### EXPERIENCE REQUIRED (SUPPORTING CERTIFICATES)

**Attach** a "Certificate of Training & Field Experience for a Pest Control Field Representative" form for each branch, in support of your experience. **Applicant must have had at least sixty (60) hours of training and field experience under the supervision of a licensed pest control operator/RME in each branch for which license is sought.** The form must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME).

### EXPERIENCE (JOB REPORT)

Participation as an applicator in at least **25 Jobs** in the specific branch(es) for which applicant is applying during the sixty (60) hour training & field experience period.

**List** on the attached "Job Report" form (PC-02) **25 Jobs** as an applicator in which you participated and list the chemicals, treatments used, and area treated.

### 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.)

**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.*

### FILING DEADLINE

Applications must be in our Honolulu office by the application deadline (see application deadline & examination dates on-line at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)).

### BOARD'S ADDRESS

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 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 will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

# APPLICATION FOR ADDITIONAL BRANCH - PEST CONTROL FIELD REPRESENTATIVE

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. _____<br>PCFR - _____    |                                                                                                      | Effective Date: _____                                                                                                                                                     |           |
| Name of Applicant: (First-Middle-Last) _____                                                                                               |  | FOR OFFICE USE ONLY                  |                                                                                                      |                                                                                                                                                                           |           |
| Other Names Used: _____                                                                                                                    |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Residence Address: (include apt. no., city, state & zip code) _____                                                                        |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Mailing Address (ONLY if different from above) _____                                                                                       |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Email _____                                                                                                                                |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Social Security No. _____                                                                                                                  |  | Phone No. (days) _____               |                                                                                                      | Branch requesting (check):<br><input type="checkbox"/> Branch-1 Fumigation<br><input type="checkbox"/> Branch-2 General Pest<br><input type="checkbox"/> Branch-3 Termite |           |
| License No.: PCFR - _____                                                                                                                  |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Branch(es) Held:<br><input type="checkbox"/> 1 - Fumigation <input type="checkbox"/> 2 - General Pest <input type="checkbox"/> 3 - Termite |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Present Employer & Address of Employer:                                                                                                    |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Name: _____                                                                                                                                |  |                                      | Lic. No.: PCO - _____                                                                                |                                                                                                                                                                           |           |
| Mailing Address: _____                                                                                                                     |  |                                      | Phone No.: _____                                                                                     |                                                                                                                                                                           |           |
| _____                                                                                                                                      |  |                                      | Branch(es) Held:<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |                                                                                                                                                                           |           |
| <b>Employer</b>                                                                                                                            |  | <b>Description of Work in Detail</b> |                                                                                                      | <b>Dates (Month/Yr)</b>                                                                                                                                                   |           |
| Name: _____                                                                                                                                |  |                                      |                                                                                                      | <b>From</b>                                                                                                                                                               | <b>To</b> |
| Address: _____                                                                                                                             |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Name: _____                                                                                                                                |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| Address: _____                                                                                                                             |  |                                      |                                                                                                      |                                                                                                                                                                           |           |
| <b>(Attach Additional Sheets as Needed)</b>                                                                                                |  |                                      |                                                                                                      |                                                                                                                                                                           |           |

(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.

## JOB REPORT - PEST CONTROL FIELD REPRESENTATIVE

Access this form via website at: [cca.hawaii.gov/pvl](http://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 |
| <b>Example:</b><br>02/01/12 | Bill Smith  | 1234 S. King Street<br>Honolulu, HI 96813 | Ground Termite | <input type="checkbox"/> Yes <input type="checkbox"/> No | Previal                                                                         | Post Treat<br>(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: \_\_\_\_\_

### JOB REPORT - PEST CONTROL FIELD REPRESENTATIVE

| Date | Client Name | Client Address | Target Pest | Certified<br>Applicator<br>of Record                     | Chemical/<br>Non-<br>Chemical | Treatment<br>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 |                               |                   |              |

# BR-1 (Fumigation)

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

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

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

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

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

1. The purpose of fumigation training is met;

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

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

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

(NOTARY SIGNATURE REQUIRED ON PAGE 2)

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

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

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

I, \_\_\_\_\_ hereby certify that I have personally insured and verified the training of  
(Print name of certifier)

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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone No.: (    ) \_\_\_\_\_

Business Phone No.: (    ) \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

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

Notary Public, State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

# BR-1 (Fumigation)

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

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

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

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

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

1. The purpose of fumigation training is met;

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

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

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

(NOTARY SIGNATURE REQUIRED ON PAGE 2)

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

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

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

I, \_\_\_\_\_ hereby certify that I have personally insured and verified the training of  
(Print name of certifier)

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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone No.: (    ) \_\_\_\_\_

Business Phone No.: (    ) \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

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

Notary Public, State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

## BR-2 (General Pest)

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

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

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

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

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

1. The purpose of general pest control training is met;

The purpose of general pest control training is to impart the pest control field representative with sufficient theoretical and practical knowledge to enable the person to recommend and perform pest control work, inspections, pest identifications, and estimations, to diagram sites as appropriate to make written recommendations for implementing a pest management program for household pests.

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

|                                                                           | Minimum Hours<br>Required |
|---------------------------------------------------------------------------|---------------------------|
| Inspecting sites and writing inspections reports .....                    | 14 hours                  |
| Identifying pests. ....                                                   | 24 hours                  |
| Understanding labels .....                                                | 8 hours                   |
| Diagramming sites and existing structure .....                            | 5 hours                   |
| Applying pesticides including baits, and using non-chemical methods ..... | 7 hours                   |
| Calibrating equipment .....                                               | 2 hours                   |

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(NOTARY SIGNATURE REQUIRED ON PAGE 2)

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

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

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

I, \_\_\_\_\_ hereby certify that I have personally insured and verified the training of  
(Print name of certifier)

the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed on page 1; that I have imparted the applicant, through the training and experience, with sufficient theoretical and practical knowledge to enable the person to recommend and perform pest control work, inspections, pest identifications, and estimations, and to diagram sites as appropriate to make written recommendations for implementing a pest management program for household pests; and, all other statements and answers given here are true and correct.

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone No.: (     ) \_\_\_\_\_

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

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

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

Notary Public, State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

## BR-2 (General Pest)

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

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

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

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

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

1. The purpose of general pest control training is met;

The purpose of general pest control training is to impart the pest control field representative with sufficient theoretical and practical knowledge to enable the person to recommend and perform pest control work, inspections, pest identifications, and estimations, to diagram sites as appropriate to make written recommendations for implementing a pest management program for household pests.

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

|                                                                           | Minimum Hours<br>Required |
|---------------------------------------------------------------------------|---------------------------|
| Inspecting sites and writing inspections reports .....                    | 14 hours                  |
| Identifying pests. ....                                                   | 24 hours                  |
| Understanding labels .....                                                | 8 hours                   |
| Diagramming sites and existing structure .....                            | 5 hours                   |
| Applying pesticides including baits, and using non-chemical methods ..... | 7 hours                   |
| Calibrating equipment .....                                               | 2 hours                   |

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(NOTARY SIGNATURE REQUIRED ON PAGE 2)

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

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

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

I, \_\_\_\_\_ hereby certify that I have personally insured and verified the training of  
(Print name of certifier)

the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed on page 1; that I have imparted the applicant, through the training and experience, with sufficient theoretical and practical knowledge to enable the person to recommend and perform pest control work, inspections, pest identifications, and estimations, and to diagram sites as appropriate to make written recommendations for implementing a pest management program for household pests; and, all other statements and answers given here are true and correct.

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone No.: (     ) \_\_\_\_\_

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

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

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

Notary Public, State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

# BR-3 (Termite)

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

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

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

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

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

1. The purpose of termite training is met;

The purpose of termite training is to impart the pest control field representative with sufficient theoretical and practical knowledge to enable the person to recommend and perform termite work, inspections, estimations, to diagram foundations of structures and areas inspected and to identify conducive conditions to provide written and visual documentation of inspection findings.

2. The sixty (60) hours of training for **Branch 3 (Termite)** shall be comprised of any combination of listed training provided the applicant obtains no fewer than the minimum number of hours in each of the following categories.

|                                                                                                              | Minimum Hours<br>Required |
|--------------------------------------------------------------------------------------------------------------|---------------------------|
| Inspecting sites and writing inspections reports .....                                                       | 16 hours                  |
| Identifying pests. ....                                                                                      | 10 hours                  |
| Understanding labels .....                                                                                   | 6 hours                   |
| Diagramming foundations of structures and portions of the structure inspected. ....                          | 4 hours                   |
| Applying pesticides including baits, and using non-chemical methods .....                                    | 10 hours                  |
| Calibrating equipment .....                                                                                  | 2 hours                   |
| Performing pre-construction and post-construction treatment using chemical<br>and non-chemical methods ..... | 6 hours                   |
| Performing remedial treatments for the control of subterranean and drywood<br>termites found in Hawaii ..... | 6 hours                   |

**Fumigation for termites shall not be considered valid experience for branch 3.**

(NOTARY SIGNATURE REQUIRED ON PAGE 2)

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

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

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

I, \_\_\_\_\_ hereby certify that I have personally insured and verified the training of  
(Print name of certifier)

the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed on page 1; that I have imparted the applicant, through the training and experience, with sufficient theoretical and practical knowledge to enable the person to recommend and perform termite work, inspections, estimations, and to diagram foundations of structures and areas inspected and to identify conducive conditions to provide written and visual documentation of inspection findings, and that all other statements and answers given here are true and correct.

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone No.: (    ) \_\_\_\_\_

Business Phone No.: (    ) \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

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

Notary Public, State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

# BR-3 (Termite)

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

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

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

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

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

1. The purpose of termite training is met;

The purpose of termite training is to impart the pest control field representative with sufficient theoretical and practical knowledge to enable the person to recommend and perform termite work, inspections, estimations, to diagram foundations of structures and areas inspected and to identify conducive conditions to provide written and visual documentation of inspection findings.

2. The sixty (60) hours of training for **Branch 3 (Termite)** shall be comprised of any combination of listed training provided the applicant obtains no fewer than the minimum number of hours in each of the following categories.

|                                                                                                              | Minimum Hours<br>Required |
|--------------------------------------------------------------------------------------------------------------|---------------------------|
| Inspecting sites and writing inspections reports .....                                                       | 16 hours                  |
| Identifying pests. ....                                                                                      | 10 hours                  |
| Understanding labels .....                                                                                   | 6 hours                   |
| Diagramming foundations of structures and portions of the structure inspected. ....                          | 4 hours                   |
| Applying pesticides including baits, and using non-chemical methods .....                                    | 10 hours                  |
| Calibrating equipment .....                                                                                  | 2 hours                   |
| Performing pre-construction and post-construction treatment using chemical<br>and non-chemical methods ..... | 6 hours                   |
| Performing remedial treatments for the control of subterranean and drywood<br>termites found in Hawaii ..... | 6 hours                   |

**Fumigation for termites shall not be considered valid experience for branch 3.**

(NOTARY SIGNATURE REQUIRED ON PAGE 2)

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

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

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

I, \_\_\_\_\_ hereby certify that I have personally insured and verified the training of  
(Print name of certifier)

the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed on page 1; that I have imparted the applicant, through the training and experience, with sufficient theoretical and practical knowledge to enable the person to recommend and perform termite work, inspections, estimations, and to diagram foundations of structures and areas inspected and to identify conducive conditions to provide written and visual documentation of inspection findings, and that all other statements and answers given here are true and correct.

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone No.: (     ) \_\_\_\_\_

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

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

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

Notary Public, State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_