

REQUIREMENTS & INSTRUCTIONS - PEST CONTROL FIELD REPRESENTATIVE

PCFR

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

Briefly, the steps to obtain a pest control field representative'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 the registration deadline and pass the exam if applicable;
- 4) Pay license fees; and
- 5) Maintain the license.

1) Complete all required forms:

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.

FEES

Attach the application fee of \$30 (not refundable). 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.

EXPERIENCE (Supporting Certificates)

Attach two (2) "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.** One (1) certificate must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME) licensed in the branch for which the application is made.

Applicants are subject to requirements in effect at time of filing.

EXPERIENCE (Job Report)

Participation as an applicator in at least **25 jobs** within the last four (4) years in the specific branch(es) for which applicant is applying.

List on the attached "Job Report" form (PC-33) **25 jobs** as an applicator in which you participated and list the chemicals, non-chemicals, treatments used, and area treated.

EMPLOYMENT CONFIRMATION

Attach a "Confirmation of Employment" form (PC-07a) signed by the Responsible Managing Employee (RME) of your employing firm that the RME will be responsible for the acts, conduct, representations, etc., of you as a pest control field representative and will also be held responsible with you for any violation of the pest control law, safety regulations or the Board's rules, and will be subject to any disciplinary action along with the licensee in violation. Such statement shall be endorsed by the Field Representative.

(CONTINUED ON PAGE 2)

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. 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 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.

2) Submit forms to the Board:

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

3) Register DIRECTLY with testing agency:

Questions regarding the examination and study material should be directed to PSI Services.

For examination information, including registration, exam locations, and Candidate Information Bulletins, please visit the PSI Services, LLC website:

<https://test-takers.psiexams.com/hitrade/>.

For telephone registration, please call (833) 333-4754.

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 to the Board 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.

(CONTINUED ON PAGE 3)

4) **Pay license fees:**

Along with the examination results you will be notified of the license fees due.

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 field representative shall not contract for pest control work in representative's own behalf.

Employment: A pest control field representative shall be employed by a pest control operator licensed by the Board.

Change of Employment: Should a pest control field representative terminate employment or obtain employment with another pest control operator, notification must be sent to the Board within 10 days upon change of employment. A current *Confirmation of Employment* form (PC-07a) must be filed with the Board.

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 FIELD REPRESENTATIVE

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

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

FOR OFFICE USE		License No. PCFR -	Effective Date:
		Branch(es): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
		PCO -	
Name of Applicant (First, Middle, Last):			
Other names used:			
Residence Address (Include apt. no., city, state & zip code) - REQUIRED:			
Mailing Address (ONLY if different from business address):			
Social Security No.:	Phone No. (days):	Email:	
Present/Prospective Employer & Address of Employer: (attach "Confirmation of Employment" (form PC-07a)) Name: _____ PCO - _____ Mailing Address: _____ Phone No.: _____		Check BRANCH applying for: <input type="checkbox"/> Branch 1 - Fumigation <input type="checkbox"/> Branch 2 - General Pest <input type="checkbox"/> Branch 3 - Termite	

Check answers. Give details when required.

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
- 3a. Do you presently hold or have you ever held a pest control license in this or any other state? ☐ YES ☐ NO
- 3b. If so, type of License: _____ License No.: _____ State: _____
4. Are you now or have you in the past 5 years been a partner in a company or an officer in a corporation operating in pest control work in Hawaii? ☐ YES ☐ NO
If response is "YES", please explain on a separate sheet and attach.
5. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ☐ YES ☐ NO
6. Are there any disciplinary actions pending against you? ☐ YES ☐ NO
7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO

(If response is "YES" to questions 5, 6, or 7, provide information on the date, place, and type of conviction or disciplinary action on a separate sheet and attach court documentation including fulfillment of conditions.)

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

EMPLOYMENT HISTORY IN PEST CONTROL WORK in branches you are seeking a Representative License.				
Dates (mo/yr)		Employer	Position	Duties
From	To			

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 Applicant

Date

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.

State of Hawaii
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

EMPLOYMENT CHANGES MUST BE REPORTED TO THE BOARD WITHIN 10 DAYS
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**FIELD REPRESENTATIVE
CONFIRMATION OF EMPLOYMENT**

RE: _____

This is to certify that I will be responsible for the acts, conduct and representations of the above-named within the scope of his/her employment as a licensed Pest Control Field Representative, and will be responsible for any violation of the pest control law, safety regulations or the Board's rules by him/her and will be subject to any disciplinary action along with him/her.

Field Representative's Signature

Responsible Managing Employee's Signature

Print Name of PCFR

Print Name of RME

Date

PCO -

RME License No.

Firm Name

PCO -

Firm License No.

Date

JOB REPORT - PEST CONTROL FIELD REPRESENTATIVE

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

Instructions:

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

Required jobs for:

BR-1

25 jobs of chemical application consisting of structural fumigation.

BR-2 & BR-3

25 jobs of chemical and non-chemical applications consisting of one or more of the following formulations: liquids, foams, dusts, gels, aerosols, baits and granules; provided that not more than 10 jobs shall consist of monitoring, baiting or non-chemical methods.

Name of Applicant: _____					Branch: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		
Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemical/ Non-Chemical	Treatment used	Area Treated
Example: 02/01/12	Bill Smith	1234 S. King Street Honolulu, HI 96813	Ground Termite	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previal	Post Treat (trench)	Exterior
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Print Name of Applicant: _____

Date: _____

JOB REPORT - PEST CONTROL FIELD REPRESENTATIVE

Date	Client Name	Client Address	Target Pest	Certified Applicator of Record	Chemical/ Non- Chemical	Treatment used	Area Treated
11.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
12.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
13.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
14.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
15.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
17.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
18.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
19.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
20.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
21.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
22.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
23.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
24.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
25.				<input type="checkbox"/> Yes <input type="checkbox"/> No			

BR-1 (Fumigation)

Access this form via website at: 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: 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 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

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: 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 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

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: 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 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

(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

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: 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 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

(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

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: 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 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 and non-chemical methods	6 hours
Performing remedial treatments for the control of subterranean and drywood 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

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: 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 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 and non-chemical methods	6 hours
Performing remedial treatments for the control of subterranean and drywood 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 _____