

## 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.

<b>Name of Applicant:</b> _____					<b>Branch:</b> <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> 02/01/12	Bill Smith	1234 S. King Street Honolulu, HI 96813	Ground Termite	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preval	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: \_\_\_\_\_

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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			