

APPLICATION FOR ADDITIONAL BRANCH - PEST CONTROL OPERATOR

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

<i>READ FILING INSTRUCTIONS ON REVERSE SIDE</i>		Lic. No. PCO -	Eff Date:
Name of Applicant(If sole owner, or RME first, middle, last; if corporation, partnership; joint venture, LLC or LLP give firm name)		BRANCH(ES):	
Business Address of firm or Residence Address of RME (include apt. no., city, state & zip code)		1	2
Mailing Address (ONLY if different from above)		3	
Social Security No.	Phone No. (days)	FOR OFFICE USE	
Check only one: <input type="checkbox"/> Individual (sole owner) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture (J/V) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Responsible Managing Employee (RME)	License No.: _____		
Branch(es) Held: Classification requesting (check): <input type="checkbox"/> Branch-1 Fumigation <input type="checkbox"/> Branch-2 General Pest <input type="checkbox"/> Branch-3 Termite			
If applicant is a corporation, partnership, J/V, LLC, LLP, provide:			
Name of RME:		Lic. No.: PCO -	
If applicant is a Responsible Managing Employee (RME), provide:			
Name of employing firm:		Lic. No.: PCO -	

			Dates (Month/Yr)	
			From	To
RME APPLICANTS ONLY	Employer (if self-employed, so state)	Description of Work in Detail		
	Name			
	Address			
	Name			
	Address			
	Name			
Address				

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.

Applicant's Signature

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.

Title Date

Add Branch 475 \$30
Service Fee BCF \$15

ADDITIONAL BRANCH – PEST CONTROL

EXPERIENCE REQUIRED

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

- 1) At least one year of specialized field experience as a Commercial applicator within the past four years immediately preceding the filing of this application and
- 2) At least one year of on-site field supervision actively directing pest control projects whether applying for more than one branch.

NOTE: At least one of the forms must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME) license holder.

- NOT APPLICABLE IF CHANGING FROM RME TO SOLE OWNER

Refer to the board's rules, Sections 16-94-20 and 16-4-21

EXPERIENCE (JOB REPORT)

Participation in at least 100 jobs as an applicator **in the specific branch for which applicant is applying** during the one-year specialized field experience period provided that if restricted use chemicals are used, the applicant shall have been the certified applicator of record.

Required jobs for a Pest Control Operator (PCO):

BR-1: 100 jobs of chemical and non-chemical application consisting of structural fumigation.

BR-2 & BR-3: 100 jobs of chemical and non-chemical applications consisting of one or more of the following formulations; liquids, foams, dusts, gels, aerosols, baits, and granules; provided that not more than 50 jobs shall consist of monitoring, baiting or non-chemical methods.

PESTICIDE CERTIFICATION

Be currently certified under the Hawaii pesticides law by the State Department of Agriculture as a Commercial Applicator in the branch for which application is made for at least ONE YEAR PRIOR to the submission of the application for license. If an applicant has been certified for less than one year, the applicant may demonstrate equivalent experience, indicating that the applicant is familiar with the pests and the use of pesticides under the same or similar conditions prevailing in this state.

Attach evidence of a current certification which you had for 1 year. (FRONT AND BACK OF CARD) If an applicant had been certified for less than one year, the applicant may demonstrate equivalent experience, by submitting a letter from previous employer(s), attesting that the applicant is familiar with the pests and the use of pesticides under the same or similar conditions prevailing in this state.

FEE

ATTACH fee of \$50.00. Make check payable to *Commerce & Consumer Affairs*.

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 \$15.00 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.

**CREDIT
REPORT(REQUIRED
ONLY IF
LICENSED PRIOR
TO 09/05)**

Submit a current credit report for each officer, partner, manager, member, RME and individual sole owner (from a credit reporting agency (**issued not more than 6 months ago**) covering at least the previous 5 years. Out-Of-State applicants may apply for a credit report from a retail credit bureau in their area. If a partner or member is a business entity, submit business entity's credit report (i.e. Dun & Bradstreet report) or credit reports on the entity's officers.

**FILING
DEADLINE**

Applications must be in our Honolulu office at least 10 days prior to the board meeting date. (See Exam/Branch Meeting Schedule)

**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: (808) 586-3000*

EXAMINATION

The Pest Control licensing examinations are given by a professional testing service, Exporior Assessments, LLC.

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 Thomson Prometric.

Questions regarding the examination and study material should be directed to the testing service at (808) 261-8182 or visit their website at: www.exporioronline.com.

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.

JOB REPORT - PEST CONTROL OPERATOR/RME

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

Instructions:

- 1) **Operator/RME applicant** – List chronologically **100** jobs within the last four years verifying chemical application in which you were an applicator actively involved in the treatment and application of the chemicals during the 1-year of specialized field experience period for each specific branch for which application is being made; provided that if restricted use chemicals are used, the applicant shall have been the certified applicator of record.

Required jobs for:

- BR-1 100 jobs within the last four years of chemical application consisting of structural fumigation.
- BR 2 & BR-3 100 jobs within the last four years of chemical and non-chemical applications consisting of one or more of the following formulations: liquids, foams, dusts, gels, aerosols, baits, and granules: provided that not more than 50 jobs shall consist of monitoring, baiting, or non-chemical methods.

Name of Applicant:	Branch:
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Date	Client Name & Address	Target Pest	Certified Applicator of Record	Chemicals/Treatment used/ Area Treated
			Y N	
Example: 02/01/02	Bill Smith 1234 S. King Street	Ground Termite	Y	Previa/Post Treat (trench)/Exterior
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				

JOB REPORT - PEST CONTROL OPERATOR/RME

Name of Applicant:	Branch:
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Date	Client Name & Address	Target Pest	Certified Applicator of Record Y N	Chemicals/Treatment used/ Area Treated
20)				
21)				
22)				
23)				
24)				
25)				
26)				
27)				
28)				
29)				
30)				
31)				
32)				
33)				
34)				
35)				
36)				
37)				
38)				
39)				
40)				
41)				
42)				
43)				
44)				
45)				
46)				

JOB REPORT - PEST CONTROL OPERATOR/RME

Name of Applicant:	Branch:
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Date	Client Name & Address	Target Pest	Certified Applicator of Record		Chemicals/Treatment used/ Area Treated
			Y	N	
47)					
48)					
49)					
50)					
51)					
52)					
53)					
54)					
55)					
56)					
57)					
58)					
59)					
60)					
61)					
62)					
63)					
64)					
65)					
66)					
67)					
68)					
69)					
70)					
71)					
72)					
73)					

JOB REPORT - PEST CONTROL OPERATOR/RME

Name of Applicant:	Branch:
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Date	Client Name & Address	Target Pest	Certified Applicator of Record	Chemicals/Treatment used/ Areas Treated
			Y N	
74)				
75)				
76)				
77)				
78)				
79)				
80)				
81)				
82)				
83)				
84)				
85)				
86)				
87)				
88)				
89)				
90)				
91)				
92)				
93)				
94)				
95)				
96)				
97)				
98)				
99)				
100)				

To Persons Requested to Certify an Applicant's Experience:

The applicant named on the reverse side is required to meet an experience requirement to be licensed as a pest control operator or field representative and provide proof of experience by furnishing these certificates in support of any experience claims shown on the applicant's application.

The applicant is, therefore, requesting you to certify as to your knowledge of the applicant's experience by completing the form on the opposite side. After you have completed the form, you must have it sworn to and signed before a Notary Public or it cannot be accepted.

Do not mail this form to the Pest Control Board. Return the certificate to the applicant in order that it can be attached to the applicant's application.

Your cooperation is earnestly solicited so that the Pest Control Board can determine whether an applicant has had the experience necessary to become a capable and qualified pest control operator or field representative.

To Persons Requested to Certify an Applicant's Experience:

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