

REQUIREMENTS & INSTRUCTIONS - PEST CONTROL FIELD REPRESENTATIVE

PCFR

Access this form via website at: www.hawaii.gov/dcca/areas/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 at least 10 days prior to the board meeting date; (see Exam/Board Mtng Schedule);
- 3) Upon approval, register directly with the testing agency by registration deadline date;
- 4) Pass the exam and pay license fees; and
- 5) Maintain the license.

1) Complete all required forms:

- APPLICATION** Complete the attached application by typing or printing 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.**
- NOTE: One of the numerous legal requirements that you must meet in order for your new license to issue 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.*
- EXPERIENCE (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). Applicants are subject to requirements in effect at time of filing.
- 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-33) **25 jobs** as an applicator in which you participated and list the 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.
- LAWS & RULES** Copies of the board's laws and rules, Chapter 460J, HRS and Chapter 94, HAR are available by submitting 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: www.hawaii.gov/dcca/areas/pvl. Look under "Pest Control".

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and other 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.

2) Submit forms to Board:

Mail all requested items to:

PEST CONTROL BOARD
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
Ph: (808) 586-3000

or

Deliver to office location at:

335 Merchant St., Room 301
Honolulu, HI 96813

3) Register DIRECTLY with testing agency:

Examinations are usually offered at least 6 times a year (FEB, APR, JUNE, AUG, OCT, DEC). Refer to the attached "Examination Schedule" for examination dates and registration filing deadlines. Applications for examination are subject to approval by the Pest Control Board. Upon approval, all applicants are notified through the mail. Notices of approval are mailed with a "Registration Form" which the applicants complete and mail with the appropriate fees by the registration deadline directly to the testing agency, Thomson Prometric fka Experior Assessments LLC. Thomson is an independent testing contractor that administers the Board's examination to all pest control applicants. Note: A walk-in procedure to allow Board approved candidates to take exams at times other than the scheduled dates is available by appointment at Thomson's office for an additional fee. For arrangements contact:

Thomson Prometric fka
Experior Assessments LLC
354 Uluniu Street, Ste. 308
Kailua, HI 96734
Ph: (808) 261-8182

REQUESTS TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE - must be approved by the Board. Submit your written request 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.

4) Pass the exam and pay license fees:

Approximately 3 weeks after an examination is given, examination results are sent through the mail. 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 2 months 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.

APPLICATION FOR LICENSE - PEST CONTROL FIELD REPRESENTATIVE

Access this form via website at: www.hawaii.gov/dcca/areas/pvl
 Read instructions on the attached sheet.

Legal Name (First, Middle)		(Last)
Residence Address (Include apt. no., city, state & zip code) - REQUIRED		
Mailing Address (if different from above)		
Social Security No.	Age	Phone No. (Days)

License No. PCFR -	Effective Date		
Branches:	1	2	3
			PCO -

FOR OFFICE USE

Present/Prospective Employer & Address of Employer Name: _____ Mailing Address: _____ PCO - _____ Phone: _____	Other names used or known by: _____
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Check BRANCH applying For:

Fumigation - Branch 1

General Pest - Branch 2

Termite - Branch 3

Circle or underline 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
- 3) a. Do you presently hold or have you ever held a pest control license in this or any other state? YES NO
- b. 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
- 5) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- b. Are there any disciplinary actions pending against you? YES NO
- 6) In the past twenty years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

(If response is "YES" to questions 5a, 5b, or 6, 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.)

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

Affidavit of Applicant:

I hereby certify that the statements, answers, and the 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 the Hawaii Revised Statutes, Chapter 460J and Hawaii Administrative Rules, Chapter 94.

_____ Date

_____ Signature of Applicant

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.

App	475	\$30
Lic	480	\$25
CRF	477	\$110/55
½ Ren	470	\$25
Service fee	BCF	\$15

State of Hawaii
PEST CONTROL BOARD
Department of Commerce and Consumer Affairs
P.O. Box 3469
Honolulu, Hawaii 96801
www.hawaii.gov/dcca/areas/pvl

* EMPLOYMENT CHANGES MUST BE REPORTED TO THE BOARD WITHIN **10** DAYS

**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

/PCO-
Print Name of RME/License No.

Date _____

Firm Name _____

Firm License No. PCO-_____

* Date _____

JOB REPORT - PEST CONTROL FIELD REPRESENTATIVE

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

Instructions:

Field Representative applicant – List chronologically **25** jobs verifying chemical application in which you were an applicator actively involved in the treatment and application of the chemicals during the 6-month period for each specific branch for which application is being made.

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		
Date	Client Name & Address	Target Pest	Chemicals/Treatment used/ Area Treated
Example: 02/01/02	Bill Smith 1234 S. King Street	Ground Termite	Previal/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 FIELD REPRESENTATIVE

Name of Applicant:		Branch	
Date	Client Name & Address	Target Pest	Chemicals/Treatment used/ Area Treated
20)			
21)			
22)			
23)			
24)			
25)			

BR-1 (Fumigation)

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	NAME & LICENSE 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," and
- (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.

	<u>Minimum Hours Required</u>
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 fumigaton sites	5 hours
Clearing the structure to insure safe re-entry.....	3 hours

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 above; 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)

Subscribed and sworn to before me

This _____ day of _____ 20____

Notary Public, State of _____

My commission expires: _____

Print Your Name _____

Address of _____

Certifier _____

Pest Control License No. _____

Licensed Branch(es) _____

Home Phone No. (____) _____

Business Phone No. (____) _____

BR-2 (General Pest)

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	NAME & LICENSE 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," and
- (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 <u>Required</u>
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

Certification of Licensed PCO/RME Completing this Form: I, _____ hereby certify that I have personally insured and verified the training of _____ <i>(Print name of certifier)</i> the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed above; 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)
Subscribed and sworn to before me This _____ day of _____ 20____	Print Your Name _____ Address of Certifier _____ Pest Control License No. _____ Licensed Branch(es) _____ Home Phone No. () _____ Business Phone No. () _____
_____ Notary Public, State of _____ My commission expires: _____	

BR-3 (Termite)

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	NAME & LICENSE 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," and
- (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.

Certification of Licensed PCO/RME Completing this Form:	
I, _____ hereby certify that I have personally insured and verified the training of <i>(Print name of certifier)</i>	
the person named as applicant above; that I have direct knowledge of the applicant's training and field experience which is listed above; 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)
<i>Subscribed and sworn to before me</i>	Print Your Name _____
This _____ day of _____ 20____	Address of _____
_____	Certifier _____
_____	Pest Control License No. _____
Notary Public, State of _____	Licensed Branch(es) _____
My commission expires: _____	Home Phone No. (____) _____
_____	Business Phone No. (____) _____