

PERMIT APPLICATION FOR RESTRICTED COMMODITIES INTO HAWAII

State of Hawaii Department of Agriculture PLANT QUARANTINE BRANCH 1849 Auiki Street, Honolulu, HI 96819-3100 Phone: (808) 832-0566, FAX: (808) 832-0584 PERMIT APPLICATION FOR RESTRICTED COMMODITIES			For Office Use Only Fee: \$ Receipt No		
		[□ Approve Permit No. □ Disapprove □ Other □	Date:	
		Processe	Processed by:		
INTO	HAWAII	Date:			
In accordance with Plant Industry, Department Please type or print clearly	of Agriculture, a permit is		, Hawaii Administrative R ne following commodities:	Rules of the Division of	
Quantity Commodity			Scientific Name		
Name and address of shipper	:				
	(Ma	ainland or Foreign addre	ss)		
Approximate date of arrival:		Please type or print clearly.			
Mode of Shipment: ☐ Mail ☐ Air Freight ☐ Boat		Applicant's Name Company Name			
Type of Permit:		Jonipany Han	(if applie	cable)	

Name and address of shipper:		
(N	fainland or Foreign address)	
Approximate date of arrival: Mode of Shipment: □ Mail □ Air Freight □ Boat	Please type or print clearly. Applicant's Name	
Type of Permit: Import □ one time only □ multi-shipments Intrastate shipment □ one time only □ multi-shipments	Company Name	
□ Possession Object of importation: □ Kept caged at all time □ Used for propagation □ Imported for exhibition □ Imported for liberation □ Other purposes - specify	Telephone number Facsimile number Fee Amount Enclosed (cash, check or mail order) \$	

PLEASE COMPLETE THE FOLLOWING INFORMATION (attach extra sheet if necessary) 1. State in detail the reasons for introduction (include use or purpose). 2. Person responsible for the organism (include name, address and phone number). 3. Location(s) where the organism will be kept and used (include address, contact and phone number). Method of disposition. 4. 5. Give an abstract of the organism with particular reference to potential impact on the environment of Hawaii (include impact to plants, animals and humans). I request permission to import the articles as listed on the permit application and further, request that the articles be examined by an authorized agent of the Department of Agriculture upon arrival in Hawaii. I agree that I, as the importer, will be responsible for all costs, charges or expenses incident to the inspection or treatment of the imported articles. I further agree that damages or losses incident to the inspection or the fumigation, disinfection, quarantine, or destruction of the articles, by an authorized agent of the Department of Agriculture, shall not be the basis of a

Signature _____ Date _____ Date _____

claim against the department or the inspectors for the damage or loss incurred.