Department of Agriculture
STATE OF HAWAII

Pesticides Branch
1428 S. King Street
Honolulu, HI 96814-2512
http://hdoa.hawaii.gov/pi/pest

FOR DEPT. OF AGRICULTURE USE

Qualification No.	
Date of Issue	
Expiration Date	
Exam Date	
Receipt No.	

APPLICATION FOR RENEWAL OF RESTRICTED USE PESTICIDE DEALER REPRESENTATIVE LICENSE

PLEASE PRINT

1. Name of Applicant: _____ Title: _____

2. Name of Licensed Dealer: _____

3. Business Address: _____
STREET

_____
CITY STATE ZIP CODE

4. Home Address: _____
STREET / P.O. BOX

_____
CITY STATE ZIP CODE

5. Business Phone: _____ 6. Business Fax: _____

7. Cell Phone: _____ **8**. E-mail Address:_____

9. Current Qualification No.: _____ 10. Expiration Date: _____

NOTE: The information you provide is considered public and may be released unless identified as "personal". For item nos. **4, 7** & **8 (above),** indicate any "personal" information (i.e., not related to the business) by **circling** the appropriate item number.

11. Employment Experience (past 5 years):

Company or Firm Name	Position or Title	From (mm/dd/yy) – To (mm/dd/yy)

****

STATEMENT

I declare under penalty of perjury, under the laws of the State of Hawaii, that the above information is true and correct.

_____ _____
SIGNATURE DATE

For examination scheduling, call contact the Education Specialist covering your district.

Honolulu Office
Ph. (808) 973-9409
Ph. (808) 973-9424
Fax (808) 973-9418

Hilo Office
Ph. (808) 974-4143
Cell (808) 333-2844
Fax (808) 974-4148

Maui Office (covered by Honolulu)
Ph. Maui State Toll Free Access:
984-2400 ext. 39409 or 39424
Fax (808) 873-3586 (Maui)

Kauai Office (covered by Honolulu)
Ph. Kauai State Toll Free Access:
274-3141 ext. 39409 or 39424
Fax (808) 241-7137 (Kauai Office)

Form P-28-2 Rev. 2/17/15

For Dept. of Agriculture Use Only
NAME:
COMPANY:
QUALIFICATION NO.: