



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

FOR DEPT. OF AGRICULTURE & BIOSECURITY USE

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

NAME: _____
For Dept. of Agriculture & Biosecurity Use Only

COMPANY: _____

QUALIFICATION NO.: _____

APPLICATION FOR 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: _____

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.

9. 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)
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