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.	

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. 7/17/25

For Dept. of Agriculture & Biosecurity Use Only

NAME:

COMPANY:

QUALIFICATION NO.: