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

FOR DEPT. OF AGRICULTURE USE				
Qualification No.				
Date of Issue				
Expiration Date				
Exam Date				
Receipt No.				

Fax (808) 274-3067 (Kauai Office)

APPLICATION FOR RENEWAL OF RESTRICTED USE PESTICIDE DEALER REPRESENTATIVE LICENSE

PLEASE PRINT		ALLK KLI KLOLK		IOLIGE		
1. Name of Applican	t:	Title:				
2. Name of Licensed	d Dealer:					
3. Business Address	S:	STREET				
		5.1.22				
	CITY	STATE		ZIP CODE		
4. Home Address: _		STREET / P.O. BOX				
		STREET / P.O. BOX				
	CITY	STATE	 	ZIP CODE		
5. Business Phone:	Business Fax:					
6. Cell Phone:	E-mail Address:					
7. Current Qualificat	ion No.:	Ехр	iration Date:			
	erience (past 5 years):					
Company or Firm Name		Posit	ion or Title	From (mm/dd/yy) – To (mm/dd/yy)		
	*******	STATEME		*********		
l doclaro undor no	nalty of poriury undo			t the above information is true and correct.		
racciare arraer pe	naity of perjury, ande	The laws of the state o	rrawan, ma	t the above imormation is true and correct.		
SIGNATURE			DATE			
For examination so	cheduling, call contac	et the Education Specia	list covering	your district.		
Honolulu Office Ph. (808) 973-9409 Ph. (808) 973-9424	Hilo Office Ph. (808) 974-4143 Cell (808) 333-2844	Maui Office (covered b Ph. Maui State Toll Free 984-2400 ext. 44143 (H	Access:	Kauai Office (covered by Honolulu Office) Ph. Kauai State Toll Free Access: 274-3141 ext. 39409 or 39424 (Honolulu)		

Fax (808) 973-9418 Fax (808) 974-4148 Fax (808) 873-3586 (Maui)