



State of Hawaii
 Department of Agriculture
 PLANT QUARANTINE BRANCH
 1849 Auiki Street, Honolulu, HI 96819-3100
 Phone: (808) 832-0566, FAX: (808) 832-0584

<i>For Office Use Only</i>	
Fee: \$ _____	Receipt No. _____
<input type="checkbox"/> Approve Permit No. _____	Date: _____
<input type="checkbox"/> Disapprove	<input type="checkbox"/> Other _____
Processed by: _____	Date: _____

PERMIT APPLICATION FOR RESTRICTED COMMODITIES INTO HAWAII

Date: _____

In accordance with the provision of Chapter _____, Hawaii Administrative Rules of the Division of Plant Industry, Department of Agriculture, a permit is requested for the following commodities:

Please type or print clearly.

Quantity	Commodity	Scientific Name

Name and address of shipper: _____

(Mainland or Foreign address)

Approximate date of arrival: _____

Mode of Shipment: Mail Air Freight Boat

Type of Permit:

- Import
 - one time only multi-shipments
- Intrastate shipment
 - one time only multi-shipments
- Possession

Object of importation:

- Kept caged at all time
- Used for propagation
- Imported for exhibition
- Imported for liberation
- Other purposes - specify _____

Please type or print clearly.

Applicant's Name _____

Company Name _____
(if applicable)

Hawaii Mailing Address _____

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).

4. Method of disposition.

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

Signature _____ Date _____
(Applicant)