

STATE OF HAWAII

CODE:
FOR OFFICIAL USE ONLY

APPLICATION FOR LICENSE OF PESTICIDES AND NON-CHEMICAL PEST CONTROL DEVICES

2. Mailing Address City State Zip Code 3. Name of Person Responsible for License Title Telephone Number Fax Number E-mail Address 4. Principal Hawaii Distributor Address Zip Code 5. Brand Name (Exactly as shown on label) EPA Registration Number Confidential Statement of Formula (EPA Form No. 8570-4) Is attached Being submitted by basic registrant Non-Chemical Pest Control Device Supporting Data Package: Is attached Being submitted by manufacturer Firm Name on Label (If differs from Item 1) 6. Type of Pesticide (Check each applicable Item) Roon-Chemical Pest Control Device General Pest Control Device Representative Roon-Chemical Pest Control Device Device Roon-Chemical Pest Control Device Roon-Chemical Pest Control Device Representative Roon-Chemical Pest Control Device Roon-Chemical Pest Control Roon-C						
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Receipt No. Administrator, Division of Plant Industry	Date Issued					
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