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

1. **Firm Name**

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)**
   - □ Non-Chemical Pest Control Device
   - □ Insecticide
   - □ Fungicide
   - □ Herbicide
   - □ Rodenticide
   - □ Nematicide
   - □ Algicide
   - □ Germicide
   - □ Other

7. **Type of Formulation**
   - □ Dust
   - □ Wettable Powder
   - □ Pressurized Product
   - □ Granular
   - □ Emulsifiable Liquid
   - □ Bait
   - □ Other

8. **Type of Containers and Sizes**

9. **Signature of Authorized Representative**
   - Type or Print Name
   - Date

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(For State Use Only)

**CERTIFICATE OF LICENSE**

When signed under authority of the Chairperson, Board of Agriculture, this certifies that the pesticide / device named above is duly licensed, license fee paid therefore and its sale in Hawaii authorized for the license period referred to, pursuant to provisions of the Hawaii Pesticide Law (Chapter 149A, Hawaii Revised Statutes) and the Administrative Rules, Chapter 66, Pesticides, Title 4, Department of Agriculture.

______ Date Issued

______ Receipt No.  
______ Administrator, Division of Plant Industry

SEE BACK FOR INFORMATION ON FEES, LABELING AND PROCEDURES

Form P-2
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