



Pesticides Branch  
 1428 S. King Street  
 Honolulu, HI 96814-2512  
<http://hdoa.hawaii.gov/pi/pest>

**FOR DEPT. OF AGRICULTURE USE**

Qualification No.	
Date of Issue	
Expiration Date	
Exam Date	
Receipt No.	

NAME: \_\_\_\_\_  
  
 COMPANY: \_\_\_\_\_  
  
 QUALIFICATION NO.: \_\_\_\_\_

**APPLICATION FOR 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: \_\_\_\_\_

**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.

9. Employment Experience (past 5 years):

Company or Firm Name	Position or Title	From (mm/dd/yy) – To (mm/dd/yy)

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**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.

<b>Honolulu Office</b> Ph. (808) 973-9409 Ph. (808) 973-9424 Fax (808) 973-9418	<b>Hilo Office</b> Ph. (808) 974-4143 Cell (808) 333-2844 Fax (808) 974-4148	<b>Maui Office</b> (covered by Honolulu) Ph. Maui State Toll Free Access: 984-2400 ext. 39409 or 39424 Fax (808) 873-3586 (Maui)	<b>Kauai Office</b> (covered by Honolulu) Ph. Kauai State Toll Free Access: 274-3141 ext. 39409 or 39424 Fax (808) 241-7137 (Kauai Office)
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