



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.	

NAME: _____
 COMPANY: _____
 QUALIFICATION NO.: _____

**APPLICATION FOR RENEWAL OF 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: _____ Business Fax: _____

6. Cell Phone: _____ E-mail Address: _____

7. Current Qualification No.: _____ Expiration Date: _____

8. Employment Experience (past 5 years):

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

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.

Honolulu Office Ph. (808) 973-9409 Ph. (808) 973-9424 Fax (808) 973-9418	Hilo Office Ph. (808) 974-4143 Cell (808) 333-2844 Fax (808) 974-4148	Maui Office (covered by Hilo Office) Ph. Maui State Toll Free Access: 984-2400 ext. 44143 (Hilo Office) Fax (808) 873-3586 (Maui)	Kauai Office (covered by Honolulu Office) Ph. Kauai State Toll Free Access: 274-3141 ext. 39409 or 39424 (Honolulu) Fax (808) 274-3067 (Kauai Office)
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