

State of Hawaii
DEPARTMENT OF AGRICULTURE
Division of Plant Industry
Pesticides Branch
1428 South King Street
Honolulu, Hawaii 96814

| |
|---------------------------|
| Firm Name _____ |
| Address _____ |
| Date Sold _____ |
| Signature of Seller _____ |

*I understand and certify that the purchase and use of **PARAQUAT** shall be restricted to the following conditions:*

1. The product shall be used only in accordance with the registered label directions.
2. The product shall not be distributed or given to any other person.
3. The product must be stored in a secure place, preferably under lock and key.
4. Any incidents of vandalism, theft, or loss of PARAQUAT must be reported to the Department of Agriculture office immediately.
5. Empty containers of PARAQUAT shall be triple-rinsed and punctured before disposal.
6. Violators of the above conditions will be subject to a fine of up to a maximum of \$25,000.

Applicator's Name

Applicator's Signature

Certification Number

This form is to be retained by seller and shall be submitted with the sales record to the Department of Agriculture by the **15th of the following month.**

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