

**State of Hawaii  
Department of Agriculture  
Pesticides Branch**

**Section 18 Quarantine Exemption to Control  
The Eleutherodactylus Frogs with Ash Grove Kemilime (97% a.i.) or  
Graymont Hydrated Lime (96% a.i.)**

**Applicator Authorization Form**

**Purchaser Name:** \_\_\_\_\_ **Contact Nos.: (Home)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **(Work)** \_\_\_\_\_

\_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Pounds of Product Purchased:** \_\_\_\_\_

Address of Application Site(s)	Tax Map Key (TMK) Number	Site Description (* see below)	Size of Treatment Site (sq.ft., acres)	Was Area Treated Before?
				Y / N
				Y / N
				Y / N
				Y / N

\* Site Description i.e., Residential, Nursery, Park, Hotel, Resort, Forest Habitat, or Natural Area (Government conservation lands).

I certify that the information provided is true to the best of my knowledge and that the purchase and application of calcium hydroxide will be restricted to the TMK site(s) listed above. I also agree to comply with the following restrictions:

- 1) I have obtained a copy of the label for use of calcium hydroxide to control *Eleutherodactylus* frogs in outdoor plants in nurseries and residential areas, parks, hotels & resorts, and forest habitats. I will read and follow all label directions on the label.
- 2) I will not distribute or sell this product to any other person for treatment of TMK site(s) other than those listed above.
- 3) I will report any adverse effects to the Hawaii Department of Agriculture within 24 hours.

\_\_\_\_\_  
**Purchaser's Signature**

\_\_\_\_\_  
**Date**

**(To be Completed by Dealer)**

**Dealer Name:** \_\_\_\_\_

**Dealer Address:** \_\_\_\_\_

\_\_\_\_\_

**Salesperson's Signature:** \_\_\_\_\_

**Dealer: Collect forms and mail to Hawaii Dept. of Agriculture, Pesticides Branch, 1428 South King Street, Honolulu, HI 96814 within 2 weeks following the end of the month.**