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


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):

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<tr>
<th>Company or Firm Name</th>
<th>Position or Title</th>
<th>From (mm/dd/yy) – To (mm/dd/yy)</th>
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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.

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 Honolulu)
Ph. Maui State Toll Free Access: 984-2400 ext. 39409 or 39424
Fax (808) 873-3586 (Maui)

Kauai Office (covered by Honolulu)
Ph. Kauai State Toll Free Access: 274-3141 ext. 39409 or 39424
Fax (808) 241-7137 (Kauai Office)

Form P-28-1 Rev. 2/17/15