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


7. Cell Phone: ________________________ 8. E-mail Address:__________________________________________________

9. Current Qualification No.: __________________________   10. Expiration Date:  ___________________________

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.

11. Employment Experience (past 5 years):

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

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