



COFFEE BERRY BORER PESTICIDE SUBSIDY PROGRAM 2018-19 APPLICATION
 Est. 2014 Legislative Session by Act 105 (HB1514) CBB; Appropriations; Subsidy Program
 FORM PPC17-01 rev 07-18 Purchases made July 1, 2017 - June 30, 2018)

Applicant Last Name:		First Name		Application completed:	Acres in Coffee
Farm Owner Last Name:		First Name:		Farm Owner Last Name:	
Farm/Business Name:		Doing Business As:			
Phone #:	Preferred Contact Method:			phone	
Email Address:					
Farm Address:					
City:	State:	HI	Zip:		
Mailing Address:					
City:	State:	HI	Zip:		
Farm Manager (If other than Owner)					
Name:					
Phone Number:			Email Address:		
Mailing Address:					
City:	State:	HI	Zip:		
FARMING & CBB INFORMATION					
How did you learn about this program?					
Subsidy programs enrolled in:					
Have you received the 2016 CBB Integrated Pest Management (IPM) document from UH?					
Are you willing to allow researchers to use your farm to study CBB?					
Will you allow sharing of your contact information with researchers at UH and PBARC?					
Hawaii Department of Agriculture shall maintain the confidentiality of the information submitted pursuant to the CBB Pesticide Subsidy Program to the extent permitted by law. The disclosure of government records in the State of Hawaii is governed by chapter 92F, Hawaii Revised Statutes.					
I understand HDOA requires original documentation of costs for purchasing pesticides that contain <i>Beauveria bassiana</i> , a fungus know to control the coffee berry borer, and that HDOA may contact me with important information about CBB. Further, I shall indemnify and hold harmless the State and the County of Hawaii, its officers, agents, and employees from all claims arising out of or resulting from the pesticide purchased.					
Applicant Signature:				Date:	
				Rate Process 1 (easiest) to 5 (most difficult)	
NOTE: Incomplete or incorrect information may lead to a delay in processing the application.					
For Office Use Only: Appointment Date/Time			TMK(s) Verified by/on		
Receipt(s) Total x 0.50 Approved Reimbursement Amount:					
V-8 []	Invoice []	Copied Orig. Receipts []	Gov. ID on file []	Approved Date:	Date Submitted for Reimbursemet:

