

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 La	st Name:		First Name			Application completed:	Acres in Coffee	
Farm Owner Last Name: First Name:				Farm Owner	r Last Name:	First Name:		
Farm/Busine	ess Name:					Doing Business As:		
Phone #:			Preferred C	Contact Metho	od: phone	TMK # (s):		
Email Addre	ss:							
Farm Addres	ss:							
City:			State:	НІ	Zip:			
Mailing Add	ress:							
City:			State:	НІ	Zip:			
		Fa	rm Mana	ger (If oth	er than Owner)	•		
Name:								
Phone Numl	ber:		Email Addre	ess:				
Mailing Add	ress:							
City:			State:	НІ		Zip:		
			FARMING	G & CBB IN	IFORMATION			
How did yo	ou learn about thi	s program?						
Subsidy pro	ograms enrolled i	า:						
Have you r	eceived the 2016	CBB Integrated Pest M	anagemen	t (IPM) docu	ment from UH?			
Are you wi	lling to allow rese	archers to use your far	m to study	CBB?				
Will you all	ow sharing of you	r contact information	with resear	rchers at UH	and PBARC?			
	-	hall maintain the confidentia records in the State of Hawa	•		·	ticide Subsidy Program to the ex	tent permitted by	
that HDOA m	ay contact me with im		BB. Further, I	shall indemnify		fungus know to control the coff and the County of Hawaii, its of		
Applicant	Signature:				Date:	Rate Process 1 (easiest) to 5 (most difficult)		
					processing the applic	cation.		
For Office Use	Only: Appointment I	Date/Time	TMK(s) Verifi	ied by/on				
Receipt(s) Tot	al	х	0.50	Appro	oved Reimbursement Amour	t:		
V-8 []	Invoice []	Copied Orig. Receipts	Gov. ID	on file []	Approved Date:	Date Submitted for Reimburs	emet:	

Form #: V-8

w11/17

Vendor Number Assigned						
Date/Initials						
Vendor Code						
Finance Dept. Use Only						

Request for Information to Establish Vendor File

To establish a vendor file with the County of Hawaii, certain information is required. This information is necessary so that we can report payments to the Internal Revenue Service on Form 1099 if they fall under the IRS information reporting requirements. If you do not provide us with the information requested below, we may have to impose backup withholding of 28% on any payments we make to you. Additional penalties are:

Failure to Furnish TIN: If you fail to furnish your correct TIN to a requestor, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information with Respect to Withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

hank you for your cooper	ration in compl	eting this	form and return	ing it to:				
	DEPT.	Research and Development						
	25 Aupuni St. #1301 Hilo, HI 96720							
REQUE	L.Nishida							
	Ph:	961-836	86		Fax:	935-1205		
COMPANY NAME:								
							_	
INDIVIDUAL NAME (If not corporation)						_		
	ce/Order Address:		PAYMENT NAME and address:					
Name:								
Address:								
City/State/Zip:								
Telephone:	F	ax:			Email:			
	DO N	OT ALT	TER – DO NO	TREMO	VE OR AD)D		
Type of organization:			Individual/sole pr					
. ypo or organization.			C-Corporation	орото. о	· · · · · · · · · · · · · · · · · · ·		Partnership	
			S-Corporation				Trust/estate	
			Limited Liability (Company		7		
C = Corpo								
	S = Corpo							
			h	P = Partne	ership			
Federal ID Number (SS	SN or FEIN):							
State of Hawaii ID Nur	mber (GET):							
Will be providing:		ervices		<u>-</u>			s and services	
Tangible Goods		-		Refunds (1				
	Re	ental, Licensed Agent for owner		wner	X	Others =	HDOA CBB Pesticide Subsidy	
_	Re	ental, Agent for Owner (M-1)		1)		County Em		
			wn property `	, <u>-</u>		•	•	
Print name:								
Signature Required:						Date:		