State of Hawaii DEPARTMENT OF AGRICULTURE Division of Plant Industry 1428 S. King Street Honolulu, HI 96814-2512

APPLICATION FOR PERMISSION TO APPLY A RESTRICTED USE PESTICIDE BY AIRCRAFT

Name of applicant:	Title:			
Business name and address:				
	Telephone:			
Purpose of aerial treatment (specify site(s) and pest problem):				
Tentative date(s) of application:				
Pesticide formulation to be applied (include EPA F	Reg. No. (s)):			
Dosage or rate of application:				
Method of application (check one):	Fixed Wing Helicopter			
Specific location of mixing and loading site(s):				
Flight path of aircraft to treatment area:				
Method or means of determining wind direction and wind speed at application site:				
Method of notifying pilot when ground conditions become impractical for further pesticide application:				
Approximate height of spraying (in feet):				
Type of application equipment, spray nozzles, orifice size/diameter, etc.:				
Type of drift suppressant or foaming agents to be	used:			

	Pilot:					
	Ground crew:					
	Flagman:					
area to plantin	ofield, general wigs in the vicinity.	nd direction, surroundin	g roadways, waterways, h	eas, flight path from loading omes, schools, or other crop and the pilot (one person MUST		
be cer	tified in Category	4 (Aerial Pest Control) a	and both lines <u>MUST</u> be co			
	, —	Name (Print)	Title	Cert. No. / Category		
Pilot: _		Name (Print)	Title	Cert. No. / Category		
and all	of their officers,	agents and employees a	mless the State of Hawaii, against any loss, claim or l ns covered under this app			
this ap	plication shall no			partment of Agriculture under lity for any damage caused by		
Name	of Applicant (Prir	nt) Sig	gnature of Applicant	 Date		

Safety equipment and protective clothing to be worn by: