# APPLICATION FOR LICENSE OF PESTICIDES

1. **Firm Name**

2. **Mailing Address**
   - City
   - State
   - Zip Code

3. **Name of Person Responsible for License**
   - Title
   - Telephone Number

4. **Principal Hawaii Distributor**
   - Address
   - Zip Code

5. **Brand Name (Exactly as shown on label)**
   - EPA Registration Number

   Confidential Statement of Formula (EPA Form No. 8570-4)
   - □ Is attached
   - □ Being submitted by basic registrant

6. **Type of Pesticide (Check each applicable item)**
   - □ Insecticide
   - □ Fungicide
   - □ Herbicide
   - □ Rodenticide
   - □ Nematicide
   - □ Algicide
   - □ Germicide
   - □ Other

7. **Type of Formulation**
   - □ Dust
   - □ Wettable Powder
   - □ Pressurized Product
   - □ Granular
   - □ Emulsifiable Liquid
   - □ Bait
   - □ Other

8. **Type of Containers and Sizes**

9. **Signature of Authorized Representative**
   - Type or Print Name
   - Date

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**CERTIFICATE OF LICENSE**

When signed under authority of the Chairperson, Board of Agriculture, this certifies that the pesticide named above is duly licensed, license fee paid therefore and its sale in Hawaii authorized for the license period referred to, pursuant to provisions of the Hawaii Pesticide Law (Chapter 149A, Hawaii Revised Statutes) and the Administrative Rules, Chapter 66, Pesticides, Title 4, Department of Agriculture.

Date Issued

Receipt No. __________________________

Administrator, Division of Plant Industry

SEE BACK FOR INFORMATION ON FEES, LABELING AND PROCEDURES

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Form P-2
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