Section 18 Quarantine Exemption to Control
The Eleutherodactylus Frogs with Ash Grove Kemilime (97% a.i.) or
Graymont Hydrated Lime (96% a.i.)
Applicator Authorization Form

NAME: _________________________________________________________________
ADDRESS: _________________________________________________________________
_________________________________________________________________
TELEPHONE NO.: ________________________________
POUNDS OF PRODUCT PURCHASED: _____________________________________________

Address of Application Site(s) | Tax Map Key Number and Site Description* | Total Area (acre, sq.ft.) of Treatment Site | Area Previously Treated? (Y/N)
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*Specify whether nursery, residential area, park, hotel, resort, forest habitat or natural area.

I certify that the information provided is true to the best of my knowledge and that the purchase and application of calcium hydroxide will be restricted to those site(s) listed above. I will also comply with the following restrictions:

1) I have obtained a copy of the label for use of calcium hydroxide to control *Eleutherodactylus* frogs in outdoor plants in nurseries and residential areas, parks, hotels & resorts, and forest habitats. I will read and follow all label directions on the label.
2) I will not distribute or sell this product to any other person.
3) I will report any adverse effects to the Hawaii Department of Agriculture within 24 hours.

Applicator’s Signature ___________________________ Date ___________________________

To be Completed by Dealer:

Company Name: _________________________________________________________________
Company Address: ________________________________________________________________

Salesperson’s Signature: _________________________________________________________

Mail to: Hawaii Dept. of Agriculture, Pesticides Branch, 1428 S. King St., Honolulu, HI 96814 within two weeks after the end of the month.

Form P-54.1
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