



Pesticide IMPORT PERMIT Application

FOR EQPB USE ONLY

PERMIT #: _____ DOCUMENT #: _____ DATE RECEIVED : _____

SALES REPORT SUBMITTED: _____ ACCEPTED DENIED

EO REVIEW AND REMARKS: _____

PESTICIDE OFFICER REVIEW AND REMARKS: _____

1. Application for:

<input type="checkbox"/> Initial Permit	<input type="checkbox"/> Permit Renewal*	Permit # _____
*Applicant must submit tracking records for previous year, including both purchase/receipt and distribution records.		

2. Company/Agency Information

Company Name:		Federal ID #:
Address and Location:	P.O. Box #:	Describe landmarks:
	State:	Hamlet:
	<input type="checkbox"/> Attach Map	
Telephone #:		Fax #:
Email:		Web Address:

3. Applicant Information—Person Responsible for Sale or Distribution of Pesticides

Name:		Title:
Address:	P.O. Box #:	
	State:	Hamlet:
Telephone #:		Fax #:
Email:		
SSN #:	Date of Birth:	
Check all that apply**: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Company Owner		
** Every person engaged in the sale or distribution of pesticides must be licensed. Attach additional dealer information if necessary.		



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4. License Renewal Applicants must fill out the following:

<input type="checkbox"/> Distribution report (purchase/receipt and sales/distribution logs) is attached to this application.	<input type="checkbox"/> No pesticides sold
	<input type="checkbox"/> No pesticides offered for sale

5. List information for all imported PESTICIDE (RUPs and General Use) in the table below:

(attach additional sheets as necessary)

BRAND NAME	SIZE	QTY	ACTIVE INGREDIENT (LIST ALL)	%	MANUFACTUR- ING COUNTRY



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6. List all Restricted Use PESTICIDE and companies from which you receive pesticides and/or to which you distribute pesticides: *(attach additional sheets as necessary)*

Name of Pesticide	Quantity	Company or Licensed Applicator	Contact Number	
				<input type="checkbox"/> Received from <input type="checkbox"/> Distributed to
				<input type="checkbox"/> Received from <input type="checkbox"/> Distributed to
				<input type="checkbox"/> Received from <input type="checkbox"/> Distributed to
				<input type="checkbox"/> Received from <input type="checkbox"/> Distributed to
				<input type="checkbox"/> Received from <input type="checkbox"/> Distributed to
				<input type="checkbox"/> Received from <input type="checkbox"/> Distributed to

7. All applicants must initial the following:

I understand that I may sell or distribute pesticides, but may not apply pesticides without an applicator's license. Initials: _____	I understand that I must submit a Notice of Intent to Import Pesticides and Devices in order to import pesticides or to accept shipments of pesticides. Initials: _____	I understand that I must keep records for two (2) years of the following: 1) receipt and 2) distribution. These must be submitted to EQPB on a yearly basis. Initials: _____
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Application is hereby made for a Pesticide Dealer License, authorizing me to purchase, receive, sell, and distribute restricted-use pesticides. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signature of Applicant

Printed Name of Applicant

Date

For all non-government entities, a \$15.00 fee is to be paid to the Palau National Treasury.

Each Permit shall expire one (1) year from the date of issue.

All licenses may be revoked by the EQPB at any time for any violations of Regulations 2401-33 .