NOTICE **SUBMIT TO uhpermit@hawaii.edu** NOTICE

PQ-7 (01/04)

State of Hawaii
Department of Agriculture
PLANT QUARANTINE BRANCH
1849 Auiki Street, Honolulu, HI 96819-3100
Phone: (808) 832-0566, FAX: (808) 832-0584

For Office Use Only

Fee: $_____ Receipt No. _____

☐ Approve Permit No._____ Date: _____

☐ Disapprove ☐ Other _____

Processed by: _____ Date: _____

PERMIT APPLICATION FOR RESTRICTED COMMODITIES INTO HAWAII

4-71A for Microorganisms 71 for Animals
70 for Plants
150A for Soil

Do not leave blank

Date: _____

In accordance with the provision of Chapter _____ , Hawaii Administrative Rules of the Division of Plant Industry, Department of Agriculture, a permit is requested for the following commodities:

Please type or print clearly.

Quantity Various or #,vol, wt.	Commodity Bacteria/Virus/Protozoan/Plasmid/DNA	Scientific Name SPELL OUT !! NO ABBREVIATIONS
	Put RENEWAL for Permit #, AMENDMENT for PERMIT # HERE	

THIS IS NOT FEDEX. THIS IS THE SENDER/Vendor. Use additonal Sheet if necessary

Name and address of shipper: _____

_____

(Mainland or Foreign address)

Approximate date of arrival: _____ Provide an actual Date!

Mode of Shipment: ☐ Mail ☐ Air Freight ☐ Boat

Type of Permit:

--- Import
☐ one time only ☐ multi-shipments

--- Intrastate shipment
☐ one time only ☐ multi-shipments

☐ Possession For commodity that is

Object of importation:

☐ Kept caged at all time
☐ Used for propagation
☐ Imported for exhibition
☐ Imported for liberation
☐ Other purposes - specify LABORATORY RESEARCH

Please type or print clearly.

Applicant's Name _____ This is the PI NOT THE IB

Company Name University of Hawaii (University of Hawaii; NOT CRCH, JABSOM)
(if applicable)

For commodity that is

Hawaii Mailing Address _____

_____

Telephone number _____

INCLUDE YOUR EMAIL ADDRESSS

Facsimile number _____

Fee Amount Enclosed (cash, check or mail order) $ WAIVED

Add Instructional/Classroom Use if needed

(complete reverse side)

PLEASE COMPLETE THE FOLLOWING INFORMATION (attach extra sheet if necessary)

1. State in detail the reasons for introduction (include use or purpose). Do NOT LEAVE BLANK! Elaborate in Laymens Terms!! Describe what you will do with the commodity

2. Person responsible for the organism (include name, address and phone number). SAME AS APPLICANT Include job title, Biosafety training date, and Bloodborne training date if working with human material

3. Location(s) where the organism will be kept and used (include address, contact and phone number).

Include floor plan, biosafety inspection date

4. Method of disposition. ie. All waste will be autoclaved, autocave parameters, Stocks will be stored in -70 Freezer in Room 123, Building ABC, Honolulu, HI Zipcode

5. Give an abstract of the organism with particular reference to potential impact on the environment of Hawaii (include impact to plants, animals and humans). Explain what you are importing, its life cycle,growth requirements, What will happen if it is released in environement, will it survive?

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I request permission to import the articles as listed on the permit application and further, request that the articles be examined by an authorized agent of the Department of Agriculture upon arrival in Hawaii.

I agree that I, as the importer, will be responsible for all costs, charges or expenses incident to the inspection or treatment of the imported articles.

I further agree that damages or losses incident to the inspection or the fumigation, disinfection, quarantine, or destruction of the articles, by an authorized agent of the Department of Agriculture, shall not be the basis of a claim against the department or the inspectors for the damage or loss incurred.

Signature _____ **Date** _____

(Applicant)