



H A W A I I  
FOREIGN-TRADE ZONE  
NO. 9

## FOREIGN-TRADE ZONE NO. 9 Request for Office Assignment

PLEASE TYPE OR PRINT

Company Name	Date
Address	Contact Person
	Telephone
	Email
1. Nature of your business: <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Previous Zone User <input type="checkbox"/> Other, describe	
2. Estimated annual \$ value of imported/exported merchandise: Import \$ _____ Export \$ _____	
3. Estimate how frequently new shipments of merchandise enter/leave Hawaii. Import every _____ month(s) Export every _____ month(s)	
4. Taxable business income This year: \$ _____ Last year: \$ _____ Previous year: \$ _____	
5. List the kinds of merchandise you are importing/exporting to/from Hawaii: <ul style="list-style-type: none"><li>• Imported goods and country of origin _____ _____</li><li>• Exported goods and destination _____ _____</li></ul>	
6. Your customhouse broker:	
7. Check all that apply: I am interested in <input type="checkbox"/> Office space <input type="checkbox"/> Bonded warehouse space <input type="checkbox"/> Domestic warehouse space <input type="checkbox"/> Temperature controlled warehouse space <input type="checkbox"/> Parking a) Size range of office space desired (sq. ft.): _____ b) Size range of bonded warehouse space desired (sq. ft.): _____ c) Size of domestic warehouse space desired (sq. ft.): _____ d) Size of the temperature controlled warehouse space desired (sq. ft.): _____ e) Indicate number of parking stalls desired: _____	
8. Preferred start-date of lease:	
9. Please indicate any special needs you may have:	

10. How did you hear about the FTZ?  Tenant  Warehouse user  Craigslist  
 Other, please describe:

11. Business References:

Name and Company	Title	Telephone
.....	.....	.....
.....	.....	.....
.....	.....	.....

12. Location/address of latest leased/rented space:

Tenant from: ..... to: .....  
Landlord's name: .....  
Landlord's address: .....  
Landlord's telephone number: .....

13. Principals of your company:

Name	Title	Telephone
.....	.....	.....
.....	.....	.....
.....	.....	.....

A tax clearance certificate from the State Department of Taxation may be required before execution of a lease.

The applicant acknowledges that credit checks may be made on the company and the principals and hereby consents to same.

*We understand that the Foreign-Trade Zone leases office space to firms that use the Zone warehouse to store commercial quantities of bonded cargo and that the Zone Management reviews the use of the Zone by its tenants before renewing leases. We further understand that should the nature of our business change, or should our firm fail to utilize the FTZ benefits of customs duty avoidance and/or postponement, our lease may not be renewed. We certify the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate our tenancy.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

Submit completed request form to:

administrator@ftz9.org

Or fax to (808) 586-2512

Questions to Business Manager at (808) 586-2510