

# United States Environmental Protection Agency Washington, D.C. 20460

## Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.)	FIRST NAME	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE	COUNTY	OFFICE USE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS (optional)

2. BIRTH DATE:	M	M	-	D	D	-	Y	Y	3. FEDERAL APPLICATOR ID # (if renewal):	<input type="text"/>									
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4. CERTIFICATION TYPE:  Initial Certificate  Renewal/Recertification  Replacement (Lost Card)

5. APPLICATOR TYPE:  Commercial Applicator  Private Applicator

6. CERTIFICATION METHOD:

a.  Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable):        Applicator Number: \_\_\_\_\_

Expiration Date:   -   -

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): \_\_\_\_\_

b.  Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

*By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:*

- I have personally completed the required training.
- I understand and can apply the information therein.
- I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
- and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation.

A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

(FOR OFFICE USE:)

REC:	APP:	INIT:	SENT:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>