



Community Certified Applicator Certification Application and Instructions

Section 1: General Information

- 1.1: Check the appropriate “New Applicant” or “Renewal” box. Applicants who fail to submit their renewal application within 30 calendar days after the expiration date of their current certification shall be considered a “New Applicant” and are subject to the “New Applicant” fee.
- 1.2: Complete each field provided in its entirety as it applies to applicant.
- 1.3: If your physical address is the same as your mailing address, enter **“SAME”**.
- 1.4: Enter your contact information.

Section 2: Certification Categories Applying For (Check all that apply)

- 2.1: Check the appropriate category box(es) being applied for.
- 2.2: If you qualify under the fee exempted categories, check the appropriate box **in addition to** the requested Non-Agricultural or Agricultural categories.
- 2.3: To qualify as a GRIC Member, submit a photocopy of your valid Gila River Indian Community Tribal Identification Card.
- 2.4: To qualify as a GRIC Government Department / Enterprise employee, submit a copy of your GRIC employee identification badge.

Section 3: Current Applicator Certifications / License (ADA / EPA)

- 3.1: Enter the applicable certification and license numbers for each item listed in the fields provided.
- 3.2: ADA: Arizona Department of Agriculture
- 3.3: EPA: U.S. Environmental Protection Agency
- 3.4: PUP: Arizona Department of Agriculture, Pesticide Use Private
- 3.5: PUC: Arizona Department of Agriculture, Pesticide Use Commercial
- 3.6: AAP: Arizona Department of Agriculture, Aerial Applicator Pilot
- 3.7: PMD: Pest Management Division, Applicator License
- 3.8: Submit a photocopy of each valid certification and license (3.1).

Section 4: Fees

- 4.1: Payment is accepted only by check or money order and shall be made out to **“GRIC Pesticide Fund”**.

Section 5: Acknowledgement & Consent

- 5.1: Read, sign and date the Acknowledgement & Consent
- 5.2: Submission of your completed application, applicable photocopies and payment shall be remitted to:

GRIC Department of Environmental Quality
ATTN: Pesticide Control Office
PO Box 2139
Sacaton, AZ 85147



Community Certified Applicator Certification Application

- New Applicant
 Renewal

Section 1: General Information

Applicant Name:	Employer:		
Mailing Address:	City:	State:	ZIP:
Physical Address:	City:	State:	ZIP:
Contact Phone:	Email:		

Section 2: Certification Categories Applying For (Check all that apply)

<u>Non-Agricultural Categories</u>	<u>Agricultural Categories</u>
<input type="checkbox"/> Industrial / Institutional <input type="checkbox"/> Wood Destroying Organism Management <input type="checkbox"/> Ornamental & Turf <input type="checkbox"/> Right of Way <input type="checkbox"/> Aquatic <input type="checkbox"/> Fumigation <input type="checkbox"/> Wood Preservation	<input type="checkbox"/> Ag Pest Control <input type="checkbox"/> Forest Pest Control <input type="checkbox"/> Seed Treatment <input type="checkbox"/> Aquatic Pest Control <input type="checkbox"/> M-44 <input type="checkbox"/> Rodent
	<u>Fee Exempt Categories</u>
	<input type="checkbox"/> GRIC Government Department / Enterprise Employee <input type="checkbox"/> GRIC Member

Section 3: Current Applicator Certifications / License (EPA / ADA / OPM)

EPA Pesticide Applicator Certification in Indian Country #	ADA PUP #	ADA PUC #	ADA AAP #	PMD Applicator License #



GILA RIVER INDIAN COMMUNITY
Department of Environmental Quality - Pesticide Control Office
 PO BOX 2139 • SACATON, AZ 85147 • OFFICE (520) 562-2234 • FAX (520) 562-3198
 GRIC.Pesticide.Office@GRIC.nsn.us



Section 4: Fees

	New	Renewal
Community Certified Applicator Certification	\$20.00	\$10.00

Community members and GRIC government department / enterprise employees are exempt from Community Certified Applicator Certification fees.

Section 5: Acknowledgement & Consent

I, the undersigned, certify that I am the person applying for a Community Certified Applicator Certification. I certify that the answers given herein are correct to the best of my knowledge and belief, with the understanding that false statements may result in application denial or civil penalties imposed to include but not limited to: certification suspension, revocation, and/or fines.

I hereby consent to the jurisdiction of the Gila River Indian Community Court. I attest that I am familiar with the Gila River Indian Community's Pesticide Ordinance and agree to follow and comply with all laws of the Community. I hereby consent to inspections of the regulated activities mentioned within the Gila River Indian Community's Pesticide Ordinance.

Signature

Date

Section 6: For Official Use Only

Date Received	Received By	Date Approved	Date Denied	Certification #