



**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



- New Applicant  
 Renewal

## Community Applicator Certification Application

### Section 1: General Information

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

### Section 2: Qualifying ID (Submit photocopy)

Employer:	GRIC Employee ID #: OR Tribal Member ID #:
Supervisor's Name:	

### Section 3: Acknowledgement & Consent

I, the undersigned, certify that I am the applicant applying for a Community 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.

By submitting this application, I am agreeing to submit to the enforcement authority of the Pesticide Control Office and to the jurisdiction of the administrative law judge, the Community Court, and the Community Court of Appeals for the express purposes of enforcement of GR-05-14: Pesticide Ordinance. Additionally, I acknowledge having received or am in possession of a copy of GR-05-14: Pesticide Ordinance and I understand my duties and responsibilities as contained within the Ordinance.

Furthermore, by submitting this application, I acknowledge that any person, including a person who is not an Indian, who knowingly violates any provision of this chapter may be assessed a civil penalty; that any person under the criminal jurisdiction of the Community may also be subject to criminal prosecution; and that any person who is not a member of the Community may also be subject to GRIC Code Title Eight, Chapter One, Removal or Exclusion of Non-Members.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

### Section 4: For Official Use Only

Date of Class	Instructor	Approved By	Date Approved	Certification #