



Authorization Application (Business) Instructions

Section 1: Authorization Type Applying For

- 1.1: Check the appropriate authorization type you are applying for.
- 1.2: Select whether you are a New Applicant or Renewal Applicant. Renewal applications received later than 30 calendar days after the expiration date of your previous authorization are subject to the new application fee.

Section 2: General Information

- 2.1: Complete each field provided in its entirety as it applies to your business.
- 2.2: If the business' physical address is the same as the business' mailing address, enter **"SAME"**.
- 2.3: If application records are physically located at an address different than your business' physical location, enter the address of your records. Otherwise, enter **"SAME"**.
- 2.4: Enter the name and contact information for a person with managerial authority with whom you would like our office to work with regarding administrative and operational matters pertaining to your permit.
- 2.5: Enter your GRIC Business license number, as applicable. Attach a copy to your application.
- 2.6: Enter your EPA Establishment registration number (RUP Producer), as applicable. Attach a copy to your application.
- 2.7: Enter your GRIC Tribal member ID number, as applicable. Attach a copy to your application.
- 2.8: Agricultural Establishments (formerly Growers): Attach a map of your fields, labeled with an identifier and acreage.
- 2.9: RUP Producers: Attach a list of ALL produced pesticides with their EPA Reg. # and a copy of their labels.

Section 3: Financial Responsibility

- 3.1: Submit photocopies of proof of financial responsibility to cover claims of injury, illness, death, or property damage resulting from pesticide use.
- 3.2: Acceptable proof shall consist of a valid certificate of liability insurance or a surety bond endorsed in favor of the Community.
- 3.3: Coverages shall be at least \$100,000 for property damage, \$1,000,000 for personal death, injury or illness, and \$1,000,000 for public liability.

Section 4: Fees

- 4.1: Payment is accepted by check or money order and should be made out to **"GRIC Pesticide Fund"**.
- 4.2: Payment by CCARD can also be made at the GRIC's Cashier's Office. Contact (520) 562-9676. Inform the cashier that you are paying an authorization fee with the Pesticide Control Office and reference accounting code: **DEQ 35**.

Section 5: Acknowledgement & Consent

- 5.1: Read, sign and date the Acknowledgement & Consent.
- 5.2: Signatories must meet the requirements set forth in Section 18.318(A)(1) of the Pesticide Code.
- 5.3: 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



Authorization Application (Business)

Section 1: Authorization Type Applying For

| | | |
|--|--|--|
| <input type="checkbox"/> Pesticide Use Permit (Annual) | <input type="checkbox"/> RUP Producer Registration | |
| <input type="checkbox"/> Agricultural Use | <input type="checkbox"/> RUP Dealer Registration | <input type="checkbox"/> New Applicant |
| <input type="checkbox"/> Non-Agricultural Use | | <input type="checkbox"/> Renewal Applicant |

Section 2: General Information

| | | | |
|--------------------------------------|----------------------|-------------------|------|
| Legal Business / Establishment Name: | | Owner: | |
| Mailing Address: | City: | State: | ZIP: |
| Physical Address: | City: | State: | ZIP: |
| Records Address: | City: | State: | ZIP: |
| Business Phone #: | Cell Phone #: | Fax #: | |
| Contact Person's Name: | Phone #: | Email: | |
| GRIC Business License #: | EPA Establishment #: | GRIC Member ID #: | |
| ATTACH COPY | ATTACH COPY | ATTACH COPY | |

Agricultural Establishments: Submit maps depicting identifier and size of each agricultural field.

RUP Producers: Submit a listing of pesticides produced, EPA Reg. #, and a label copy

Section 3: Financial Responsibility

COL Attached

| Insurance Firm | Bond | Expiration | Property Damage | Personal Death/I/I | Public Liability |
|----------------|------|------------|-----------------|--------------------|------------------|
| | | | | | |

Community departments / entities and private agricultural establishments are exempt from providing proof of financial responsibility.



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 |
|---------------------------|----------|----------|
| Pesticide Use Permit | \$150.00 | \$100.00 |
| RUP Producer Registration | \$200.00 | \$150.00 |
| RUP Dealer Registration | \$200.00 | \$150.00 |

Community departments and entities; Community member owned businesses; Community members; any governmental jurisdiction; as well as any person employed within, are exempt from all fees.

Section 5: Acknowledgement & Consent

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, representative, and complete and was obtained in accordance with established written procedures. I am aware that there are significant consequences for submitting false information.

I understand that signing this application constitutes a consensual relationship and agree to be subject to the regulations and the compliance and enforcement provisions of Gila River Indian Community laws, including the Pesticide Ordinance.

By submitting this application, I affirm that I voluntarily consent to: The jurisdiction of the Gila River Indian Community and its civil regulatory authority for any and all activities authorized by this chapter, including the authority of the Department to conduct investigations of violations of this chapter; and I submit to the jurisdiction of the administrative law judge or the Community Court for the express purpose of enforcement of this chapter.

Furthermore, I acknowledge that I am in receipt of a copy of GR-004-22 and that I understand my duties and responsibilities as contained in GR-004-22 and any conditions imposed during the authorization process; and I understand that any person, including a person who is not an Indian, who knowingly violates any provision of GR-004-22 may be assessed a civil penalty; that any person subject to 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 removal or exclusion under Title 8, Chapter 1, of the GRIC Code.

Signature

Date

Section 6: For Official Use Only

| Date Received | Received By | Date Approved | Date Denied | Permit # |
|---------------|-------------|---------------|-------------|----------|
| | | | | |