



## Registration Application

### Section 1: General Information

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

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

<input type="checkbox"/> Seller  <input type="checkbox"/> Pest Control Advisor	<input type="checkbox"/> Producer EPA Establishment # _____ (Attach a list of Pesticides, active ingredient, EPA registration #, and complete label.)
--	--

### Section 3: Fees

Producer / Pesticide Control Advisor / Seller Registration	\$50.00
--	---------

### Section 4: Acknowledgement & Consent

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 are 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 5: For Official Use Only

Date Received	Received By	Date Approved	Date Denied	Registration #