Please read instructions before completing form.

Form Approved. OMB Control No. xxxx-xxxx. Approval Expires xx-xx-xxxx

EPA United States Environmental Protection Agency

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

MAILING ADDRESS

CITY STATE ZIP

AREA CODE ( ) TELEPHONE – COUNTY OFFICE USE

EMAIL ADDRESS (optional)

2. BIRTH DATE: M M – D D – Y Y 3. FEDERAL APPLICATOR ID # (if renewal):

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: M M - D D - Y Y

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

b. ☐ Training and self-evaluation (ONLY for private applicators who do not hold a certification)_____

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

1. I have physically attended an EPA-approved training course and personally completed the self-study evaluation.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. 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:

Draft Sample