## OMB Control Number 2070-0029; EPA ICR Number 0155.09

### ICR ATTACHMENT F

"Request for Pesticide Applicator Certification in Navajo Indian Country" EPA Form 8500-17-N and Instructions



## US EPA Region IX San Francisco, CA 94105

Request for Pesticide Applicator Certification in Navajo Indian Country				
LAST NAME (+ Jr, Sr, II, III etc.)	_	FIRST NAME	MI	
MAILING ADDRESS				
CITY		STATE ZIP		
AREA CODE TELE	EPHONE	COUNTY	OFFICE USE	
( )	_			
EMAIL ADDRESS (optional)		<del></del>		
C DIDTH DATE.		11 ADDI IOATOD ID # (# sassaus).		
2. BIRTH DATE: M M M	D D Y Y	AL APPLICATOR ID # (if renewal):	R 9	
4. CERTIFICATION TYPE:	☐ Initial Certificate ☐	Renewal/Recertification	eplacement (Lost Card)	
5. APPLICATOR TYPE:	☐ Commercial Applicator ☐	Private Applicator		
6. CERTIFICATION METHOD:				
a. Requesting federal certi	ficate based on valid state certificate	or license. (Attach a copy of state certif	icate.)	
State:	State Applicator Number:		<del>_</del>	
Expiration Date:  M M - D D - Y Y				
State Applicator Catego	ory/Categories for which Certificate/Li	cense was Received (enter category co	de(s)):	
By signing this application of the second sec	an apply the information therein. Inificance of labeling and understand my lega e and use Restricted Use pesticides only for p		ordance with label instructions and warnings;	
	rtify that all the statements that I have	f certification and may be punishable by made on this form are true, complete a		
SIGNATURE:		DATE SIGNE	D:	
(FOR OFFICE USE:)				
REC:	APP:	INIT:	SENT:	

#### INSTRUCTIONS FOR COMPLETING EPA FORM 8500-17-N AND PAPERWORK REDUCTION ACT NOTICE

This form is to be used to request certification to purchase and apply Restricted Use Pesticides in **Navajo Indian Country** from the U.S. Environmental Protection Agency Region IX.

- 1. Fill out all of the information. An email address is requested but is not required. Phone number listed should be one at which you can be reached during business hours.
- 2. Enter your birth date using the numerical month-month-date-date-year-year format.
- 3. Enter your EPA Region 9 Federal Applicator Identification number if this is a renewal or request for a replacement card.
- 4. Certificate Type: Check appropriate box. If this is your first application to Region IX for a pesticide applicator certification in Navajo Indian Country, check "Initial Certificate".
- 5. Applicator Type: Check "Private Applicator" ONLY if you will be or are <u>applying pesticides for production of an agricultural commodity on property owned or rented by you or your employer</u>. All other applicators check "Commercial Applicator". There is no "noncommercial" or "public" federal applicator type.
- 6. Certification Method: In most cases you will check "Requesting Federal Certificate based on valid state certificate or license".
- 6a. Enter the two character state for which you hold a valid certificate/license, the state applicator number and expiration date. Enter the code for the category or categories for which you are certified/licensed by the state using the codes listed on the back of this instruction sheet. Use the code for the category that is an exact match to the category listed on your certificate/license. Attach a photocopy of both sides of your state certification or license.
- 6b. If you do not hold a valid state applicator certificate and you are a private applicator, you may be certified after completing the "Private Applicator Certification and Recertification Home Study Course" and related Questionnaire.
- 7. Sign and date the application and mail the application with a photocopy of both sides of your state pesticide applicator certificate/license (if you are requesting certification based on state certification), and a passport or digital photograph of yourself to:

Federal Plan Coordinator Pesticides Office (CED-5) U.S. EPA Region IX 75 Hawthorne St. San Francisco, CA 94105-3901

**Paperwork Reduction Act Notice:** The public reporting burden for respondents completing this form is estimated to average about 10 minutes per response. Send comments (referencing OMB Control Number 2070-0029 and EPA Form 8500-17-N) about the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, 1200 Pennsylvania Ave., N.W., Washington, D.C. 20460. Do not send your completed application form to this address.

## INSTRUCTIONS FOR COMPLETING FORM 8500-17-N (CONTINUED)

# Codes for Applicator Categories (6a.)

Category	Code	Category	Code
Agricultural pest control	1	Aquatic pest control	5
Agricultural pest control-plant	1i	Right-of-way pest control	6
Agricultural pest control-animal	1ii	Industrial, institutional, structural and health related pest control	7
Forest pest control	2	Public health pest control	8
Ornamental and turf pest control	3	Regulatory pest control	9
Seed treatment	4	Demonstration & research pest control	10

Arizona Department of Agriculture Specific Categories			
Category	Code		
Right-of-Way pest control - Agriculture	6a		
Regulatory pest control (Government): M-44	9a		
Regulatory pest control (Government ): Rodent	9c		
Fumigation – Agriculture (Private applicator)	16		

New Mexico specific categories		
Category	Code	
Structural pest control	7a	
Vertebrate animal control	7b	
Fumigation	7c	
Rodenticide, private	17	
Other pest control	18	

Arizona Structural Pest Control specific categories		
Category	Code	
General & public health pest control (structural)	B1	
Wood destroying insect control	B2	
Weed and right of way	B3	
Fumigation	B4	
Turf & Ornamental	B5	
Fungi inspection	B7	
Wood destroying insect inspection	B8	
Aquatic	B9	

Utah specific categories		
Category	Code	
Aquatic-surface water	5a	
Aquatic-sewer root control	5b	
Structural & health-related pest control	7d	
Predator control/mechanical ejection	9a	
device		
Predator control/protective collar	9b	
Aerial	11	
Vertebrate Animal	12	
Fumigation/Stored Commodities	13	
Wood-Preservation	14	
Wood Destroying organisms	15	