



United States Environmental Protection Agency

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 TELEPHONE COUNTY OFFICE USE

EMAIL ADDRESS (optional)

2. BIRTH DATE: M M - D D - Y Y 3. FEDERAL APPLICATOR ID # (if renewal): R 9

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 state certificate or license. (Attach a copy of state certificate.)

State: State Applicator Number:

Expiration Date: M M - D D - Y Y

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

b. Self-study (ONLY for private applicators who do not hold state certification)

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

- 1. I have personally completed the EPA "Private Applicator Certification and Recertification Home Study Course Questionnaire."
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; and
4. 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

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:

**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 applying pesticides for production of an agricultural commodity on property owned or rented by you or your employer. 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 device	9a
Predator control/protective collar	9b
Aerial	11
Vertebrate Animal	12
Fumigation/Stored Commodities	13
Wood-Preservation	14
Wood Destroying organisms	15