



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 + 4

AREA CODE TELEPHONE COUNTY OFFICE USE

EMAIL ADDRESS (optional)

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

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: