Please read instructions before completing form.

| EPA United State Environmen Agency | es US I | EPA Region IX ancisco, CA 94105 | B Control No. 2070-0029. Approval Expires 12-31-2 | |
|---|---|--|--|--|
| Request for Pesticide Applicator Certification in Navajo Indian Country | | | | |
| LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME | | | NAME MI | |
| | | | | |
| MAILING ADDRESS | | | | |
| | | | | |
| CITY | | STATE | ZIP + 4 | |
| | | | - | |
| AREA CODE TELE | PHONE | COUNTY | OFFICE USE | |
|) | - | | | |
| EMAIL ADDRESS (optional) | | | | |
| 2. BIRTH DATE: 3. FEDERAL APPLICATOR ID # (if renewal): R 9 | | | | |
| 4. CERTIFICATION TYPE: | Initial Certificate | Renewal/Recertificati | ion CReplacement (Lost Card) | |
| 5. APPLICATOR TYPE: | Commercial Applicat | tor D Private Applicator | | |
| State: Expiration Date: | State Applicator Number: | ertificate or license. (Attach a c ficate/License was Received (| | |
| b. Self-study (ONLY for priv By signing this application by 1. I have personally cor 2. I understand and car 3. I understand the sign and 4. I intend to purchase | vate applicators who do not h elow and submitting to U.S. EPA, I mpleted the EPA "Private Applicato n apply the information therein. ificance of labeling and understand and use Restricted Use pesticides | nold state certification) I hereby attest to the fact that: or Certification and Recertification Ho d my legal responsibilities for the use only for production of an agricultural | | |
| | tify that all the statements the | | / be punishable by fine or imprisonment (U.S. Code, re true, complete and correct to the best of my | |
| SIGNATURE: | | | DATE SIGNED: | |
| (FOR OFFICE USE:) | | | | |
| REC: | APP: | INIT: | SENT: | |

EPA Form 8500-17-N