

#### GILA RIVER INDIAN COMMUNITY

Department of Environmental Quality - Pesticide Control Office

PO BOX 2139 • SACATON, AZ 85147 • OFFICE (520) 562-2234 GRIC.Pesticide.Office@GRIC.nsn.us • www.GRICDEQ.org



## **Authorization Application (Individual) Instructions**

## **Section 1: Authorization Type Applying For**

- 1.1: Check the appropriate authorization type you are applying for.
- 1.2: Community Applicator Certifications are **ONLY** applicable to Community members and employees of the GRIC or its entities.
- 1.3: Community **CERTIFIED** Applicator Certifications and their respective categories, are **ONLY** applicable if you intend to apply Restricted Use Pesticides in Indian Country and are certified by the EPA to do so.
- 1.4: Select whether you are a New Applicant or Renewal Applicant. Renewal applications received later than 30 calendar days after the expiration date of your previous authorization are subject to the new application fee.

### **Section 2: General Information**

- 2.1: Complete each field provided in its entirety as it applies to you.
- 2.2: If applying for a Community Applicator Certification or claiming fee exemption, enter your GRIC Tribal member ID number or GRIC / Enterprise employee ID badge number. Attach a copies to your application.
- 2.3: If applying for a Community Certified Applicator Certification, enter your Arizona Department of Agriculture (ADA) Certification number, AND your EPA Certification number. Attach copies to your application.
- 2.4: If applying for the Aerial Pest Control category, attach a copy of your Agricultural Aircraft Pilot License.
- 2.5: Information on how to obtain an EPA Federal Certification to apply RUPs in Indian Country can be found here: https://www.epa.gov/pesticide-applicator-certification-indian-country.

#### **Section 3: Fees**

- 3.1: Payment can be made via CCARD by using GRIC's online payment portal. www.GRICDEQ.org
- 3.2: Payment by CCARD can also be made at the GRIC's Cashier's Office. Contact (520) 562-9676. Inform the cashier that you are paying an authorization fee with the Pesticide Control Office and reference accounting code: **DEQ 35**.
- 3.3: Payment is accepted by check or money order and should be made out to "GRIC Pesticide Fund".

#### Section 4: Acknowledgement & Consent

- 4.1: Read, sign and date the Acknowledgement & Consent.
- 4.2: Signatories must meet the requirements set forth in Section 18.318(A)(1) of the Pesticide Code.
- 4.3: Submission of your completed application, applicable photocopies and payment shall be remitted to:

GRIC Department of Environmental Quality ATTN: Pesticide Control Office PO Box 2139 Sacaton, AZ 85147

FORM: DEQ-PCO-02 Revised: 11/2024



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# **Authorization Application (Individual)**

Section 1: Authorization Type Applying For							
Community Applicator Certific	cation						
Community Certified Applicat		Renewal Applicant					
Agricultural Pest Control  Forest Pest Control  Ornamental and Turf Pest Control  Seed Treatment  Sodium Cyanide Predator Control	Aquatic Pest Control Right of Way Pest Control Industrial and Institutional Pest Control Demonstration and Research Pest Control Sodium Fluoroacetate Predator Control Section 2: General Information		Regulatory Pest Control Public Health Pest Control Soil Fumigation Non-soil Fumigation Aerial Pest Control ATTACH COPY				
Applicant's Name:	Employer:						
Mailing Address:	City:	State:	ZIP:				
Physical Address:	City:	State:	ZIP:				
Phone #:	Cell Phone #:	Email:					
ADA Certification #: ATTACH COPY	EPA Certification #: ATTACH COPY	GRIC Member ID #: ATTACH COPY					
	Section 3: Fees						
		New	Renewal				
Community Certified Applicator Certification		\$25.00	\$15.00				
Community Applicator Certification EX		XEMPT	EXEMPT				
Community departments and entities; Community member owned businesses; Community members; any governmental jurisdiction; as well as any person employed within, are exempt from all fees.							

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## Section 4: Acknowledgement & Consent

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, representative, and complete and was obtained in accordance with established written procedures. I am aware that there are significant consequences for submitting false information.

I understand that signing this application constitutes a consensual relationship and agree to be subject to the regulations and the compliance and enforcement provisions of Gila River Indian Community laws, including the Pesticide Ordinance.

By submitting this application, I affirm that I voluntarily consent to: The jurisdiction of the Gila River Indian Community and its civil regulatory authority for any and all activities authorized by this chapter, including the authority of the Department to conduct investigations of violations of this chapter; and I submit to the jurisdiction of the administrative law judge or the Community Court for the express purpose of enforcement of this chapter.

Furthermore, I acknowledge that I am in receipt of a copy of GR-004-22 and that I understand my duties and responsibilities as contained in GR-004-22 and any conditions imposed during the authorization process; and I understand that any person, including a person who is not an Indian, who knowingly violates any provision of GR-004-22 may be assessed a civil penalty; that any person subject to the criminal jurisdiction of the Community may also be subject to criminal prosecution; and that any person who is not a member of the Community may also be subject to removal or exclusion under Title 8, Chapter 1, of the GRIC Code.

Signature	Date
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For Official Use Only							
Date Received	Received By	Date Approved	Date Denied	Certification #			

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