Shoshone-Paiute Tribes
Tribal Environmental Protection Program
P.O. Box 219
Owyhee, NV 89832

Pesticide Permit Application Form
Tribal Pesticides Regulatory Program
Phone: (208) 759-3100 ext. 1218
Fax: (208) 759-3202

Pesticide Permit Application Form

Landholder Information

Name of Landholder_____

Pesticide Application Site Description (Tract #, Street Name, Range Unit) _____

_____

Mailing Address of Landholder_____

Daytime Phone # _____ Evening Phone # _____

Pesticide Applicator Information

Name of Applicator _____ Applicator Certification # _____

Certification Expiration Date _____ State_____

Mailing Address of Applicator_____

Daytime Phone # _____ Evening Phone # _____

Description of site to be treated

Briefly describe site of application _____

_____

Target Pest

Briefly describe type of infestation _____

_____

Pesticide Application Information

Pesticides Manufacturer_____

Brand Name of Pesticide _____

EPA Registration #_____ EPA Establishment # _____

Method of Application and amount of pesticide to be applied_____

_____

Additives (Dyes, Surfactant, Anti-Foam)_____

Proposed Date(s) of Application_____

Start time of Application _____AM _____PM

When and where will mixing and loading occur? _____

Potential Dangers

Briefly describe dangers to Humans, Livestock, Pets, Wildlife and Environment_____

_____

- Attach a copy of the Pesticide Label
- Attach a copy of the Pesticide Applicator Certification
- Attach a copy of proof of Liability Insurance
- Applicator must submit the Notice of Intent Form at least 3 days prior to the application (Page 3 of attachment)
- Applicator must submit completed Record Form (Page 4 of attachment)

I hereby submit application to apply pesticide to the above noted property and acknowledge that the information provided is true and accurate to the best of my knowledge. Furthermore, I agree that upon receipt of Permit to Apply Pesticides, the TEPP Pesticides Regulatory Program personnel may observe all or portions of pesticide applications taking place under the Permit issued. I also acknowledge that proposed application dates may not be actual dates that the permit is issued for dependent on forecasted weather conditions. Permits may also be withdrawn due to sudden changes in weather conditions. I understand that failure to provide all information required on this application may result in delay of receiving a valid Permit to Apply Pesticides. TEPP Pesticides Regulatory Program agrees to provide technical assistance if necessary for the applicant to complete this application (assistance with label review and aerial maps of application sites, etc.)

Signature of Permit Applicant _____ Date _____

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Notice of Intent to Apply Pesticides

Note: A permit applicator holding a permit must provide a "Notice of Intent" to the Tribal Environmental Protection Program at least three days prior to the application.

Date Form Completed:_____ Certification #:_____ TEPP Permit #:_____

Name of Applicator: _____ Telephone #: _____

Mailing Address: _____ City, State, Zip: _____

Planned Date & Time of Pesticide Application: _____

Location of planned Pesticide Application: _____ Building Name/#/Tract #: _____

Contact Person for Application Site: _____ Contact #:_____

Name of Pesticide to be applied: _____ Active Ingredient(s):_____

Type of Application Method:_____

Additional Information: _____

_____

Applicator Signature:_____ Date:_____

For more information regarding the Pesticide Application requirements on the Duck Valley Indian Reservation, visit the Sho-Pai Tribes Pesticides Regulations at:
www.shopaitribes.org/epa/pesticides-program.html

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Pesticide Application Record

Note: Application Information must be completed same day as application & turned into the Pesticides Program

1. Name & Address of Person for whom Pesticide was Applied:	2. Applicator Name and Address (if different from 1):
3. Address or exact location of application (if the application is made to one acre or more of agriculture land, the field location must be identified)	4. Site Description:

5. Date/Time of Application	6. Crop or Site Treated	7. Acres Treated (or other measures)	8. Product Name	9. EPA Registration Number	10. Amount of Product Applied		11. Concentration	12. Weather Conditions, Wind Direction / Velocity
					Rate per Acre	Total Product Applied		

Applicator Signature:_____ Date:_____