



For Office Use Only: Application Year: _____ Date Received: _____

SENECA NATION OF INDIANS

Environmental Protection Department – Pesticide Management Program

90 OHIYO WAY • SALAMANCA, NY 14779 • OFFICE (716) 532-2546 • FAX (716) 532-8322

Pesticide Use Permit Application Instructions

Pesticide Use Permit Applications must be submitted no later than February 1st to the Seneca Nation Business Permits Office who will then submit the application for review by the Seneca Nation Environmental Protection Department’s Pesticide Program Manager. Permits will be handed back to applicant for revision by the second week of February. Post-Recommendation Submission is the last week of February. Permits will be issued by March 1st.

In accordance with **Pesticide Ordinance § 3-5 (b)** applicant must provide 15 days advance notice of intent to use pesticides per application event. Thus a detailed pesticide application schedule must be provided to SNI EPD’s Pesticide Management Program Manager prior to intended start date. Failure to do so will result in the revocation of SNI issued permits.

In the event of an emergency or needed assistance, the Seneca Nation Marshal’s Dispatch is to be contacted: (716) 945-2779. The Marshal’s office will be able to provide immediate assistance of any and all matters involving an emergency, needed assistance, or if one is met with resistance.

Please complete this form in its entirety in accordance with **Pesticide Ordinance § 2-1, § 2-2, and § 2-3** in order to ensure the proper handling of your application. Print or type unless otherwise noted.

Section 1: General Information

- 1.1 Check the appropriate “New Applicant” or “Renewal” box. Pest management businesses who fail to submit their renewal application prior to the February 1st due date, their current permit shall be considered a “New Applicant” and are subject to the “New Applicant” fee.
- 1.2 Complete each field provided in its entirety as it applies to your pest management business.
- 1.5 Enter the name and contact information for a person with managerial authority with whom you would like our office to deal with regarding administrative and operational matters pertaining to your permit.

Section 2: Permit Categories Applying For (Check all that apply)

- 2.1 Check the appropriate category box(s) being applied for.
- 2.2 If you qualify under the fee exempted categories, check the appropriate box in addition to the requested Non-Agricultural or Agricultural categories.
- 2.3 To qualify as an SNI Community Member for property/private dwelling, submit a photocopy of the OWNER’S valid Seneca Nation of Indians Tribal Identification Card.



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Section 3: Sub-Contractor(s)/ Hired Applicator (If Applicable)

- 3.1 Complete each field in its entirety as it pertains to the pest management business.
- 3.3 If application records are physically located at an address different than your business’ physical location, enter the address of your records. Otherwise, enter **“SAME”**.
- 3.5 Enter the name and contact information for the person with **ON SITE** managerial authority with whom you would like our office to deal with regarding operational matters pertaining to your permit.

Section 4: Current Certifications / Licenses / Permits (Applicators)

- 4.1 Complete the fields provided for each applicator employed by the business who will be conducting work within Seneca Nation Territory boundaries.
- 4.2 Identify the applicable certifications, licenses, or permit numbers.
- 4.4 Identify the applicable category(s) for which each applicator is certified/licensed/permitted for. Categories recognized by the Seneca Nation include:

1a. Agricultural Plant*	5d. Aquatic Antifouling Paints
1b. Agricultural Animal*	5e. Sewer Line Root Control*
1c. Companion Animal*	6a. Right-of-Way in Place Pole Treatments
1d. Fumigation of Soil & Ag Commodities*	7a. Structural & Rodent Control*
2. Forest Pest Control	7b. Fumigation*
3a. Ornamentals/ Shade Trees & Turf	7c. Termite*
3b. Turf	7d. Lumber & Wood Products*
3c. Interior Plant Maintenance	7f. Food Processing*
4. Seed Treatment	7g. Cooling Towers/Pulp & Paper Process*
5a. Aquatic Vegetation Control*	8. Public Health Pest Control
5b. Aquatic Insect Control*	10. Demonstration & Research Pest Control
5c. Aquatic Fish Control*	11. Aerial Pest Control*

* The business must employ an applicator certified in that category. For all other categories, the business must employ an applicator or technician certified in that category.
- 4.5 Submit a photocopy of each valid certification, license or permit identified in (4.1).



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Section 5: Pesticide Handlers & Workers (Ag Only)

- 5.1 Complete the fields provided for **EACH** applicator/worker employed by the business who are subject to the Worker Protection Standard (40 CFR Part 170).
- 5.5 Enter the trainer’s name by First initial then Last name, if known.

Section 6: Certification of Liability Insurance

- 6.1 Submit photocopies of proof of financial responsibility to cover claims of injury, death, or property damage resulting from pesticide use.
- 6.2 Acceptable proof shall consist of a valid certificate of liability insurance or a surety bond endorsed in favor of the Seneca Nation.
- 6.3 Coverages shall be at least \$300,000 for property damage, \$300,000 for individual, and \$1,000,000 per incident bodily injury.
- 6.4 Nation governmental departments/enterprises, regulated growers, and seed treaters are exempt from providing proof of financial responsibility.

Section 7: Fees

- 7.1 Payment is accepted only by check or money order and shall be made out to **“SENECA NATION”**.

Section 8: Site Information

- 8.1 Using the website: <http://www.dec.ny.gov/natureexplorer/app/> Select “Search by Location”, select the “Town” tab near the top banner. Select your town(s) from the list (Allegany Indian Reservation, Cattaraugus Indian Reservation) then select the “Submit” button. A map will be generated. Select the “Create PDF Report” button at the bottom right hand area of the map. Either save the file and submit it with the application or print off the document and submit it with the application.
- 8.2 Based on the map generated from (8.1), check the appropriate “Yes” or “No” box and submit the date of the map generated in (8.1).



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8.3	Using the website: https://www.snigis.org/ Select “Public Applications”, then “Seneca Nation - Aquifers”, and locate your parcel(s) using the map. Based on the aquifer locations, check the appropriate “Yes” or “No” box. Map legend can be found in the upper left corner.
8.4	Based on the map from 8.3, check the appropriate “Yes” or “No” box.
8.5	Based on the map from 8.3, describe where the waterbody flows to, and check the appropriate “Yes” or “No” boxes.
8.6	List the specific projected date(s) of pesticide use. (Note: this does not excuse the applicant from the 15 day notification requirement as set by the Seneca Nation Pesticide Ordinance § 3-5 (b)).
8.7	List ALL prior years in which chemicals were applied to this field/area.
Section 9: Proposed Chemicals / Mixture(s) / Application Method	
9.1	List COMBINATION of proposed chemicals and adjuvants (i.e. mixture) separated by “/” symbol.
9.2	List ALL chemicals and their EPA registration numbers.
Section 10: Site Location(s)	
10.1	List the name of the field as indicated on the Seneca Nation Agricultural Land Parcel Map or the Right-of-Way Parcel Map.
10.2	List the nearest address or a very detailed description of the field/area being indicated and where.
10.3	List the name of the land owner specific to the field being indicated.
10.4	Check the appropriate “AIR” or “CIR” box.
10.5	List the parcel number from the SN Ag Land Parcel Map, and the USDA parcel ID number from USDA map generated by WNY Crop Management (AGRICULTURE ONLY).
Section 11: Supporting Documents	
11.1	Attachment A refers to the maps submitted from either the Seneca Nation Ag Land Parcel Map or the Map generated by WNY Crop Management (Ag Only).
11.2	Attachment B refers to the proof of insurance required by the Seneca Nation Pesticide Ordinance § 2-2 (d) .



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11.3	Attach copies of each applicator and technician that will be present on Seneca Nation Territory.
11.4	<u>AGRICULTURAL ONLY.</u>
11.5	Attach copies of each SDS for every chemical that will be used on Seneca Nation Territory as per the Seneca Nation Pesticide Ordinance § 3-3 (c) .
11.4	Copy of Business License as stated in the Seneca Nation Pesticide Ordinance § 2-2 (e) .
Section 12: Acknowledgement & Consent	
12.1	Read, sign and date the Acknowledgement & Consent.
12.2	Submission of your completed application, applicable photocopies and payment shall be remitted to: <p style="text-align: center;">SNI Business Permits Office ATTN: Business Permit Officer 12837 Route 438 Irving, NY 14081</p>



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Pesticide Use Permit Application

NEW APPLICANT

RENEWAL

Section 1: General Information

Business/Establishment Name: _____ Responsible Party/Owner: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Contact Person's Name: _____ Phone: _____ Email: _____

Firm/Office Name: _____ Attorney/ Legal Representative: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Section 2: Permit Categories Applying For (Check all that apply)

Non-Agricultural Categories

- Industrial/ Institutional
- Wood Destroying Organism Management
- Ornamental & Turf
- Right-Of-Way
- Aquatic
- Fumigation
- Wood Preservation

Agricultural Categories

- Grower
- Seed Treatment
- Custom Applicator

Fee Exempt Categories

- SNI Government Department/ Enterprise
- SNI Community Member for property/private dwelling



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Section 3: Sub-Contractor(s)/Hired Applicator (If Applicable)

Business/Establishment Name: _____ Sub-Contractor/Applicator: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Records Address: _____ City: _____ State: _____ ZIP Code: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Contact Person's Name: _____ Phone: _____ Email: _____

 Business/Establishment Name: _____ Sub-Contractor/Applicator: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Records Address: _____ City: _____ State: _____ ZIP Code: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Contact Person's Name: _____ Phone: _____ Email: _____



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Section 4: Current Certifications / Licenses / Permits (Applicators)

Applicator, Technician, or Apprentice Name	NYS Certification #	Certification Expiration Date	Categories

Section 5: Pesticide Handlers & Workers (Ag Only)

Handler / Worker Name	EPA Worker Verification #	EPA Handler Verification #	Expiration	Trainer's Name



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Pesticide Use Permit Application

6. Projected date(s) of pesticide use: _____

7. List prior years in which chemicals were applied to this field: _____

Section 9: Proposed Chemicals / Mixtures / Application Methods

Mixture: _____

Chemical(s): _____

Mixture: _____

Chemical(s): _____

Mixture: _____

Chemical(s): _____

Mixture: _____

Chemical(s): _____



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Pesticide Use Permit Application

Section 10: Site Location(s)

1. Name of field: _____

Street address and/or Description of location: _____

Name of land owner: _____

Territory: Allegany (AIR) Cattaraugus (CIR)

SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

2. Name of field: _____

Street address and/or Description of location: _____

Name of land owner: _____

Territory: Allegany (AIR) Cattaraugus (CIR)

SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

3. Name of field: _____

Street address and/or Description of location: _____

Name of land owner: _____

Territory: Allegany (AIR) Cattaraugus (CIR)

SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

4. Name of field: _____

Street address and/or Description of location: _____

Name of land owner: _____

Territory: Allegany (AIR) Cattaraugus (CIR)

SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

Section 10: Site Location(s)

5. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

6. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

7. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

8. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

9. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

10. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

Section 10: Site Location(s)

11. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

12. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

13. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

14. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

15. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____

16. Name of field: _____
Street address and/or Description of location: _____
Name of land owner: _____
Territory: Allegany (AIR) Cattaraugus (CIR)
SNI Parcel ID Number: _____ USDA Parcel ID Number: _____



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Section 11: Supporting Documents

Please check the box by the attachments as verification that all applicable attachments have been submitted with this permit application form. When submitting any supporting documents, please label the documents as indicated in this Section (e.g., Attachment A, etc.)

- Attachment A: An 8-1/2" x 11" copy or original of a USGS Topographic Quadrangle Map (scale 1:24,000) indicating the exact location of each area to be treated.

- Attachment B: Insurance identification(s) minimum:
\$300,000 individual,
\$1,000,000 per incident bodily injury,
\$300,000 property damage insurance,
-or-
Surety bond of comparable valuable.

- Attachment C: Copies of Certification (for each person or employee applying).

- Attachment D: Copy of each lease agreement between SNI Community Member and applicant.

- Attachment E: Safety Data Sheet (SDS) for every chemical used on Seneca Nation Territory.

- Attachment F: Copy of Business License.



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Section 12: Acknowledgement & Consent

I (we) declare that the information contained in this application and any attachments is true and correct to the best of my (our) knowledge and belief. I (we) understand that any material misrepresentation will result in the denial or subsequent revocation of any permit. I (we) agree, based on the consensual and contractual relationship with the Seneca Nation, to abide by all applicable laws, regulations, and rules of the Seneca Nation of Indians. I (we) also consent to the jurisdiction of the Courts of the Seneca Nation of Indians for the purpose of enforcing any laws, regulations, or rules governing this permit or the conduct of any business within the Seneca Nation of Indians’ territories, and my (our) signature(s) evidence(s) my (our) sworn promise, as required under Pesticide Ordinance § 2-2(G), that I (we) “must adhere to and obey all Laws, Regulations and ordinances of the Nationwide performing their business on Nation Territory.”

1.	_____	_____	_____
	Printed Name	Signature	Date
	_____	_____	
	Title	Contact Number	
2.	_____	_____	_____
	Printed Name	Signature	Date
	_____	_____	
	Title	Contact Number	
3.	_____	_____	_____
	Printed Name	Signature	Date
	_____	_____	
	Title	Contact Number	
4.	_____	_____	_____
	Printed Name	Signature	Date
	_____	_____	
	Title	Contact Number	



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Pesticide Use Permit Application

Section 12: Acknowledgement & Consent (Continued)

5. _____

Printed Name	Signature	Date
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Title	Contact Number
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6. _____

Printed Name	Signature	Date
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Title	Contact Number
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Section 13: For Official Use Only

Date Received	Received By	Date Approved	Date Denied	Permit Number