

**MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE
BUREAU OF PLANT INDUSTRY**
P. O. Box 5207
Mississippi State, MS 39762
662-325-3390

APPLICATION FOR APPLICATOR'S LICENSE

I hereby apply for the registration of Agricultural Aircraft under the provisions of the Mississippi Pesticide Application Law.

A.

Name and address of firm:	Corporation _____	OFFICE USE ONLY
	Individual _____	RE/C DRL
	Partnership _____	PA
	LLC _____	AFF MED
	IF NEW CORPORATION MARK HERE _____	POA BIE
Email address	Fax No. ()	SOC ANN
FAA Part 137 Certificate No.	Phone No. ()	137 INS
STATE WATER POLLUTION CONTROL PERMIT NO.	EXPIRATION DATE	CPA _____
		CK _____
		AMT _____

B.

Area of operation and location of strip: (if <u>out of state</u> , please list strip in MS that will use)
Location of any satellite strips:

C. PLEASE BE SURE TO SEND A COPY OF THE CURRENT MEDICAL AND CURRENT BIENNIAL FLIGHT REVIEW FOR EACH PILOT.

Name of Principal Officers & Owners:	Address:

D.

Name of Chief Pilot & Supervisor (See I)	FAA License No.	Rating	Date of Physical ATTACH COPY	Date of Biennial ATTACH COPY
Name of Additional Pilots	FAA License No.	Rating	Date of Physical ATTACH COPY	Date of Biennial ATTACH COPY

(NOTE: Attach application and license fee for each pilot)

E.

Non-resident, enter below name & address of resident agent:
Non-residents: In lieu of other resident agent, the Secretary of State, Box 136, Jackson, MS 39205, may be appointed.

F.

Aircraft Type (Helicopter/Airplane)					
Make					
Model					
Turbine (Yes or No)					
Is A/C used to apply Hormone- Type Herbicides					
Date of Current Aircraft Inspection ATTACH COPY					
Identification No. (N No.)					
FOR OFFICE USE ONLY					

G. Fees - \$150.00 per aircraft - \$150.00 per pilot - Payable at time of registration.

(over)

H. Proof of Financial Responsibility - Minimum \$100,000-\$300,000-\$100,000 and \$500,000 annual property damage aggregate on all liability insurance policies. Please list insurance agent name, address and phone number.

I. Chief pilot & supervisor give summary of agricultural experience. (NOTE: must have 500 hours of agricultural flying time (chief pilot) and two years experience is required. Give specific information to meet this requirement, including dates, name and address of operator where this time was obtained.)

J.
Give resume` of intended operation or activity for this year.

K.
I certify that all information given herein is true and correct to the best of my knowledge and belief.

Signed: _____

Title: _____

Date: _____

THIS FORM MUST BE NOTARIZED BELOW

<p>State of:</p> <p>County/Parish of:</p> <p>On the _____ day of _____, 20_____, before me</p> <p>came _____</p> <p>_____, to me known to be the individual described herein</p> <p>and who executed the foregoing instrument and acknowledged that he executed same.</p> <p>_____</p> <p>_____</p> <p>My Commission Expires: _____</p>
