

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

**APPLICATION FOR RENEWAL OF APPLICATOR'S LICENSE**

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

A.

Name and address of firm: _____  Email address _____  FAA Part 137 Certificate No. _____  HAVE YOU APPLIED FOR YOUR DEQ (water) PERMIT RENEWAL? _____	Corporation _____  Individual _____  Partnership _____  LLC _____  IF NEW CORPORATION MARK HERE _____  Fax No. (     ) _____  Phone No. (     ) _____	FOR OFFICE USE ONLY  REC/C     PHY COPY  DRL        BIE COPY  PA         INS  ANN  CK  AMT
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B.

Area of operation and exact location of strip:(if out of state, please list strip in MS that will use) <b>IMPORTANT – NEED THIS INFO FOR HOMELAND SECURITY</b> List location of any satellite strips-Use back of form-GPS coordinates would be excellent.
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C. \*\*\*\* PLEASE BE SURE TO SEND A COPY OF THE CURRENT MEDICAL AND CURRENT BIENNIAL FLIGHT REVIEW FOR EACH PILOT.\*\*\*\*

Name of Chief Pilot & Supervisor	FAA License No.	OFFICE USE	Rating	Date of Physical ATTACH COPY	Date of Biennial ATTACH COPY

D.

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.
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E.

Aircraft Type (Helicopter/Airplane)					
Make/Model					
Is A/C equipped with GPS – if yes what type					
Turbine (Yes or No)					
Is A/C used to apply Hormone-Type Herbicides					
Date of Last Aircraft Inspection-					
Identification No. (N No.)					
FOR OFFICE USE ONLY					

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

G. Proof of Financial Responsibility - Minimum \$100,000-\$300,000-\$100,000 for each aircraft listed, and \$500,000 annual property damage on all liability insurance policies.

Name and address of Insuror: \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

PLEASE RETURN TO THE ADDRESS ABOVE