

Aerial Applicator Consultant Registration
For Iowa Commercial Aerial Pesticide Applicator

2013

Iowa Department of Agriculture and Land Stewardship (IDALS) Pesticide Bureau – Wallace Building 502 East Ninth Street - Des Moines, IA 50319-0051 PHONE 515-281-5601 FAX 515-242-6497 WEBSITE http://www.iowaagriculture.gov/pesticides.asp	IDALS USE ONLY <i>Consultant ID No.</i> This form is to be completed by the Aerial Applicator Consultant and submitted by the Aerial Applicator as documentation in support of application for licensure.
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Please Type or Print

Consultant Name (Last Name, First Name, Middle Initial)	
Commercial Certification Number _____	Expiration Date: 12/31/_____
Consultant's HOME Address: _____	Home Phone: () _____
Consultant's HOME City, State & Zip Code _____	
Employed by Business Name: _____	
Business Physical Address: (no PO Box addresses allowed) _____	
Business City, State, Zip _____	
Business Phone: () _____	Business Fax: () _____
Cell Phone () _____	Email Address _____
Iowa Commercial Pesticide Applicator License Number (<i>Company</i>) (if none, mark "N/A") _____	Expiration Date 12/31/_____
Iowa Pesticide Dealer License Number (<i>Company</i>) (if none, mark "N/A") _____	Expiration date 6/30/_____
Check each box that represents a true statement:	
<input type="checkbox"/> I am an owner or employee of a corporation, association, partnership, company or firm, which maintains a physical place of business located in Iowa <input type="checkbox"/> I am certified in category 11 – Aerial Application <input type="checkbox"/> I do not operate agricultural aircraft. <input type="checkbox"/> I own and operate, or am employed by an Iowa-based company that owns and operates, agricultural aircraft registered with the Iowa Department of Transportation. (<i>Contracting of services <u>does not</u> constitute employment for purposes of this rule.</i>)	
I will be coordinating aerial application work for the following: (one applicator/license per form)	
Aerial Applicator Name (pilot) -OR- check box to indicate advance registration with pilot info to be provided at a later date <input type="checkbox"/>	Pilot's IA Certification Number _____
Pilot's business name, address, including city and state _____	Pilot's IA License Number _____

Check here if additional pilots are listed on the reverse side of this document

I verify that the above information is true and have agreed to act as the aerial applicator consultant for the above-named aerial applicator applying pesticides in Iowa for the licensing year noted on this form, in accordance with 21 IAC 45.22(17).

Consultant Signature

Date Signed

Previous versions of this form are obsolete.

Consultant Name: _____ Consultant Certification Number: _____



Any aerial applicators you have listed as working with you as consultant **remain listed** UNLESS you have notified IDALS in writing to remove those individuals from your list of pilots. Fax 515-242-6497 or via email: tammy.green@iowaAgriculture.gov

I will also be coordinating aerial application work for the following:

Aerial Applicator Name (pilot) - <div style="text-align: center;">②</div>	Pilot's IA Certification Number
Pilot's business name, address, including city and state	
Aerial Applicator Name (pilot) <div style="text-align: center;">③</div>	Pilot's IA Certification Number
Pilot's business name, address, including city and state	
Aerial Applicator Name (pilot) - <div style="text-align: center;">④</div>	Pilot's IA Certification Number
Pilot's business name, address, including city and state	
Aerial Applicator Name (pilot) - <div style="text-align: center;">⑤</div>	Pilot's IA Certification Number
Pilot's business name, address, including city and state	
Aerial Applicator Name (pilot) <div style="text-align: center;">⑥</div>	Pilot's IA Certification Number
Pilot's business name, address, including city and state	

I verify that the above information is true and have agreed to act as the aerial applicator consultant for the above-named aerial applicator(s) applying pesticides in Iowa for the licensing year noted on this form, in accordance with 21 IAC 45.22(17).

Consultant Signature

Date Signed