

**Verification Form for Aerial Applicator Consultant**

*(Maintain this form for three years for each applicator)*

Applicator Name: \_\_\_\_\_

Pilot's IA Certification Number & Expiration Date: \_\_\_\_\_

Pilot's IA Commercial Applicator License Number & Expiration Date: \_\_\_\_\_

Date of initial meeting: \_\_\_\_\_

*Meet with each aerial applicator under consultation prior to application of pesticides and verify the following:*

- Provide name and telephone number to applicator where consultant may be reached during hours of operation.
- Provide instructions to aerial applicators and handlers for proper emergency response procedures in the case of a pesticide spill or accident.
- Pesticide handlers are certified.
- Applicator has valid certificate of insurance or proof of financial responsibility for each aircraft being operated.
- Aircraft is currently registered with the Iowa Department of Transportation
- Aircraft spray boom has proper nozzle configuration
- Required PPE is available and used properly.
- Applicator has access to Iowa's sensitive crop registry
- Applicator is familiar with the identification and purpose of the sensitive crop sign.
- Applicator understands Iowa's bee rule and what needs to be accomplished to comply.
- Applicator has knowledge and capability to avoid direct application or drift to bodies of water, unprotected people, endangered species locations, roads and places occupied by people including farm workers.
- Applicator has read and understands pesticide label instructions.

*I have had my initial meeting with this aerial applicator consultant and understand my responsibilities as a commercial pesticide applicator operating in Iowa.*

\_\_\_\_\_  
Signature of Aerial Applicator (Pilot) Date

\_\_\_\_\_  
Signature of Aerial Applicator Consultant Date



*I have been notified in person that consultation services have been terminated and understand it is my responsibility to notify the Pesticide Bureau of IDALS of this.*

\_\_\_\_\_  
Signature of Aerial Applicator Date

\_\_\_\_\_  
Signature of Aerial Applicator Consultant Date

**(A copy of this record to be maintained for three years with the aerial applicator consultant.)**