

Aerial Applicator Consultant Registration  
For Iowa Commercial Aerial Pesticide Applicator

**2017**

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

<b>Consultant Name</b> (Last Name, First Name, Middle Initial)	
Iowa Commercial Certification Number _____	Expiration Date: 12/31/_____
Consultant's <b>HOME</b> Address: _____	<b>Home</b> Phone: (     ) _____
Consultant's <b>HOME</b> City, State & Zip Code _____	
Employed by, <b>Business Name:</b> _____	
<b>Business</b> Physical Address: (no PO Box addresses allowed) _____	
<b>Business</b> City, State, Zip _____	
<b>Business</b> Phone: (     ) _____	<b>Business</b> Fax: (     ) _____
Cell Phone (     ) _____	Email Address _____
Iowa Commercial <b>Pesticide Applicator License</b> Number ( <i>Company</i> ) (if none, mark "N/A") _____	Expiration Date 12/31/_____
Iowa <b>Pesticide Dealer License</b> Number ( <i>Company</i> ) (if none, mark "N/A") _____	Expiration date 6/30/_____
<b>Check each box that represents a true statement:</b>	
<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)	
<b>Aerial Applicator Name (pilot)</b> _____	Pilot's IA <b>Certification</b> Number _____
<small>check box to indicate advance registration with pilot info to be provided at a later date</small>	
Pilot's business name, address, including city and state _____	Pilot's IA <b>License</b> 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: \_\_\_\_\_



All the aerial applicators that you have listed as working with you (as an aerial consultant) will **remain in our records** UNTIL you notify IDALS **in writing** that you wish to remove any of them from your list of pilots. Fax (515) 242-6497. Email: [Tammy.Green@IowaAgriculture.gov](mailto:Tammy.Green@IowaAgriculture.gov)

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

<b>Aerial Applicator Name (pilot) -</b>	<b>Pilot's IA Certification Number</b>
②	
Pilot's business name, address, including city and state	<b>Pilot's IA License Number</b>
<b>Aerial Applicator Name (pilot)</b>	<b>Pilot's IA Certification Number</b>
③	
Pilot's business name, address, including city and state	<b>Pilot's IA License Number</b>
<b>Aerial Applicator Name (pilot) -</b>	<b>Pilot's IA Certification Number</b>
④	
Pilot's business name, address, including city and state	<b>Pilot's IA License Number</b>
<b>Aerial Applicator Name (pilot) -</b>	<b>Pilot's IA Certification Number</b>
⑤	
Pilot's business name, address, including city and state	<b>Pilot's IA License Number</b>
<b>Aerial Applicator Name (pilot)</b>	<b>Pilot's IA Certification Number</b>
⑥	
Pilot's business name, address, including city and state	<b>Pilot's IA License Number</b>

*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