

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 PHONE 515-281-5601 FAX 515-242-6497 WEBSITE http://www.iowaagriculture.gov/pesticides.asp	<p>IDALS USE ONLY Consultant ID No.</p> <p align="center">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.</p>
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Please Type or Print

Consultant Name (Last Name, First Name, Middle Initial)	
Iowa 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/_____ Date
Iowa Pesticide Dealer License Number (<i>Company</i>) (if none, mark "N/A")	Expiration date 6/30/_____ date
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)	Pilot's IA Certification 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 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: _____



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

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

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

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