Aerial Applicator Consultant Registration
For Iowa Commercial Aerial Pesticide Applicator

2014

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
Consultant ID No.

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.

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 *(Company)* (if none, mark "N/A") — — — — —-— — —	Expiration Date 12/31/_____
Iowa **Pesticide Dealer License** Number *(Company)* (if none, mark "N/A") — — — — —-— — —	Expiration date 6/30/_____

Check each box that represents a true statement:

- ☐ I am an owner or employee of a corporation, association, partnership, company or firm, which maintains a physical place of business located in Iowa
- ☐ I am certified in category 11 – Aerial Application
- ☐ I do not operate agricultural aircraft.
- ☐ 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. *(Contracting of services <u>does not</u> constitute employment for purposes of this rule.)*

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 ☐	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.

 (continued from page 1)

Consultant Name:_____ **Consultant Certification Number:**_____

NOTICE:

Any aerial applicators you have listed as working with you as consultant **remain listed** UNTIL 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) - ②	Pilot's IA **Certification** Number
Pilot's business name, address, including city and state	Pilot's IA **License** Number
Aerial Applicator Name (pilot) ③	Pilot's IA **Certification** Number
Pilot's business name, address, including city and state	Pilot's IA **License** Number
Aerial Applicator Name (pilot) - ④	Pilot's IA **Certification** Number
Pilot's business name, address, including city and state	Pilot's IA **License** Number
Aerial Applicator Name (pilot) - ⑤	Pilot's IA **Certification** Number
Pilot's business name, address, including city and state	Pilot's IA **License** Number
Aerial Applicator Name (pilot) ⑥	Pilot's IA **Certification** Number
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).

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Consultant Signature Date Signed