

**AERIAL SPRAY APPLICATOR
LICENSE APPLICATION**

(Applicant name or names)

(Name of partnership or organization)

(Permanent address)

(Business telephone number)

Documents furnished with application:

- () USDOT/FAA Operating Certificate
- () Proof of pesticide applicator certification.
- () Proof of commercial pesticide applicator license.
- () Proof of reasonable liability insurance coverage.
- () Proof of S.D. aircraft registration for each aircraft to be used.

I declare and affirm under the penalties of perjury that this application is in all things true and correct.

(Date)

(Applicant signature)

(Title of person signing)

***** For City Use *****

Application: Approved _____

Disapproved _____

If disapproved state reason: _____

Date: _____

(Signed- Airport Chairmen)