

Aerial Applicator Consultant Registration
For Iowa Commercial Aerial Pesticide Applicator

2019

Iowa Department of Agriculture and Land Stewardship (IDALS) Pesticide Bureau – Wallace Building 502 East 9th Street - Des Moines, IA 50319-0051 PHONE 515-281-5601 FAX 515-242-6497 WEBSITE https://iowaagriculture.gov/pesticide-bureau	IDALS USE ONLY Consultant ID No. This form is to be completed by the Aerial Applicator Consultant and submitted by the Aerial Applicator as part of license application package.
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Please Type or Print

Consultant Name (Last Name, First Name, Middle Initial)	
Iowa Commercial Pesticide Applicator Certification No.:	Expiration Date: 12/31/_____
Consultant's HOME Address:	Home Phone: ()
Consultant's HOME City, State & Zip Code	
Employed by, Business Name:	
Business Physical Address: <i>(no PO Box addresses allowed)</i>	
Business City, State, Zip	
Business Phone: ()	Business Fax: ()
Cell Phone ()	Email Address
Iowa Commercial Pesticide Applicator License No. <i>(Company Lic. No.)</i> (if none, mark "N/A")	Expiration Date 12/31/_____
Iowa Pesticide Dealer License No. <i>(Company Lic. No.)</i> (if none, mark "N/A")	Expiration date 6/30/_____
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's Name)	Pilot's IA Applicator Certification No.
<small>OR-check box to indicate advance registration with IA. Link to be provided at _____</small>	
Pilot's business name and address, including city, state and zip code	Pilot's IA Company License No.

Check here if additional pilots are listed on the reverse side of this document

I verify that the above information is true and that I 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

Consultant Name: _____ Consultant Appl. Certification No. _____



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 Applicators:**

Aerial Applicator Name (Pilot's Name)	Pilot's IA Applicator Certification No.
②	
Pilot's business name and address, including city, state and zip code	Pilot's IA Company License No.
Aerial Applicator Name (Pilot's Name)	Pilot's IA Applicator Certification No.
③	
Pilot's business name and address, including city, state and zip code	Pilot's IA Company License No.
Aerial Applicator Name (Pilot's Name)	Pilot's IA Applicator Certification No.
④	
Pilot's business name and address, including city, state and zip code	Pilot's IA Company License No.
Aerial Applicator Name (Pilot's Name)	Pilot's IA Applicator Certification No.
⑤	
Pilot's business name and address, including city, state and zip code	Pilot's IA Company License No.
Aerial Applicator Name (Pilot's Name)	Pilot's IA Applicator Certification No.
⑥	
Pilot's business name and address, including city, state and zip code	Pilot's IA Company License No.

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