

Checklist for Aerial Applicator Secondary Containment Requirements (effective 4/4/08)

Check box if new license applicant, and leave "Aerial Applicator License Number" blank

Aerial Applicator License Number: _____ (PA AA 00000-000)

Aerial Applicator Business Name: _____

Physical Location City _____ State _____

Business Telephone Number including area code: _____

1st Alternate Telephone Number including area code: _____

2nd Alternate Telephone Number including area code: _____

FAX including area code _____

E-Mail address (optional): _____

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Mark with an "X" all items which apply to the above-named commercial pesticide aerial applicator licensee.

New Containment Notification or *Containment Modification Notification*

_____ **A.** My company currently has a Certificate Of Completion for pesticide secondary containment on file with the Iowa Department Of Agriculture & Land Stewardship, Pesticide Bureau.

Containment facility physical address: _____

Containment facility town: _____

_____ **B.** My company utilizes portable containment device suitable for use with pesticides.

_____ *Attach Letter of Certification confirming suitability in meeting requirements of 21 IAC 44.12 from a registered engineer.*

_____ **C.** My company has an agreement with another licensed commercial pesticide application company or facility with an Iowa-registered containment facility.

_____ *Complete Page 2 of this form including contacting owner of containment facility and/or devices to be used.*

Licensee Signature _____ Date: _____

Return all documentation to:

Pesticide Bureau
Iowa Department of Agriculture & Land Stewardship
Henry A. Wallace Building
502 E 9th St.
Des Moines, IA 50319-0051
FAX: 515-242-6497
Email: tammy.green@iowaAgriculture.gov

Office Use Only
PestContID: _____
Updated: _____

Confirmation of Agreement for Use of Aerial Applicator Secondary Containment Facility and/or Portable Device (effective 4/4/08)

(Required if Item "C" is marked on page 1 of this document)

Aerial Applicator License Number: _____(PA AA 00000-000) *(from Page 1)*

I have an agreement with the licensed commercial applicator or Iowa-registered containment facility meeting the requirements of 21 IAC Chapter 44 named below to utilize pesticide containment facility and/or portable containment device. A certificate of completion for permanent facilities and/or letter certifying suitability for use for portable containment device is on file with the Iowa Department of Agriculture & Land Stewardship (IDALS), Pesticide Bureau.

Containment structure/facility or device owned/under the control of:

Facility Applicator License Number *(if applicable)*: _____(PA 00 00000-000)

--Or -- Check here if owner/operator of containment facility is not a licensed commercial pesticide applicator:

Facility Business Name: _____

Facility Physical Location City: _____ State: _____

Facility Telephone Number including area code: _____

_____ **1.** Permanent containment structure to be utilized currently has a Certificate Of Completion for pesticide secondary containment on file with Iowa Department of Agriculture & Land Stewardship, Pesticide Bureau.

Containment Facility Physical Address: _____

Containment Facility City (Iowa): _____

_____ **2.** Portable containment device suitable for use with pesticides currently has Letter of Certification on file with the Iowa Department Of Agriculture & Land Stewardship, Pesticide Bureau confirming suitability in meeting requirements of 21 IAC 44.12 from a registered engineer.

Licensee (Applicant) Signature: _____ Date: _____



This section must be completed by the owner or person responsible for the containment structure, facility or device.

I have an agreement with the licensed commercial applicator named above to utilize my pesticide containment facility and/or portable containment device as specified beginning the date of my signature on this document and to continue indefinitely unless I notify the Pesticide Bureau, in writing, of the termination of my consent for the above named aerial applicator licensee (company) to utilize my containment facility and/or device. A certificate of completion for permanent facilities and/or letter certifying suitability for use for portable containment of devices is on file with the Iowa Department of Agriculture & Land Stewardship, Pesticide Bureau.

Containment Owner or Responsible Agent Signature: _____ Date: _____