

**MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE
BUREAU OF PLANT INDUSTRY**

P. O. Box 5207
Mississippi State, MS 39762
662-325-3390

APPLICATION FOR APPLICATOR'S LICENSE

I hereby apply for a license as an applicator to engage in aerial application under the provisions of the Mississippi Pesticide Application Law.

A.

Name and address of firm:	Corporation _____	OFFICE USE ONLY RE/C DRL PA AFF POA SOC 137 INS CPA _____ CK
	Individual _____	
	Partnership _____	
	LLC _____	
	IF NEW CORPORATION MARK HERE _____	
Email address	Fax No. ()	
FAA Part 137 Certificate No.	Phone No. ()	

B.

Area of operation and location of strip: (if <u>out of state</u>, please list strip in MS that will use) Location of any satellite strips:

C.

Name of Principal Officers & Owners:	Address:

D.

Name of Pilots	FAA License No.	Rating

(NOTE: Attach application and license fee for each pilot)

E.

Non-resident, enter below name & address of resident agent:
Non-residents: In lieu of other resident agent, the Secretary of State, Box 136, Jackson, MS 39205, may be appointed.

F.

Aircraft Type (Helicopter/Airplane/UAV)					
Make					
Model					
Turbine (Yes or No)					
Is A/C used to apply Hormone- Type Herbicides					
Date of Current Aircraft Inspection ATTACH COPY					
Identification No. (N No.)					
FOR OFFICE USE ONLY					

G. Fees - \$150.00 per aircraft - \$150.00 per pilot - Payable at time of registration.

H. Proof of Financial Responsibility - Minimum \$100,000-\$300,000-\$100,000 and \$500,000 annual property damage aggregate on all liability insurance policies. Please list insurance agent name, address and phone number.

I. ☐ By checking this box, I affirm my compliance with the regulations set forth by the FAA and confirm that I meet all necessary requirements. Failure to maintain federal credential will result in the loss of my state license. I certify that all information given herein is true and correct to the best of my knowledge and belief.

Signed: _____

Title: _____

Date: _____

THIS FORM MUST BE NOTARIZED BELOW

State of:
County/Parish of:
On the _____ day of _____, 20_____, before me
came _____
_____, to me known to be the individual described herein
and who executed the foregoing instrument and acknowledged that he executed same.

My Commission Expires: _____