

MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE
BUREAU OF PLANT INDUSTRY
P. O. Box 5207
Mississippi State, MS 39762
662-325-3390

APPLICATION FOR RENEWAL OF 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: _____ <div style="text-align: right;"> Corporation _____ Individual _____ Partnership _____ LLC _____ IF NEW CORPORATION MARK HERE _____ </div>	<u>FOR OFFICE USE ONLY</u> REC/C DRL PA INS ANN CK AMT
Email address _____ Fax No. () _____	
FAA Part 137 Certificate No. _____ Phone No. () _____	

B.

Area of operation and exact location of strip:(if <u>out of state</u>, please list strip in MS that will use) <u>IMPORTANT – NEED THIS INFO FOR HOMELAND SECURITY</u> List location of any satellite strips-Use back of form-GPS coordinates would be excellent.

C.

Name of Pilots	FAA License No.	OFFICE USE	Rating

D.

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.
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E.

Aircraft Type (Helicopter/Airplane/UAV)					
Make/Model					
Is A/C equipped with GPS – if yes what type					
Turbine (Yes or No)					
Is A/C used to apply Hormone-Type Herbicides					
Date of Last Aircraft Inspection-					
Identification No. (N No.)					
FOR OFFICE USE ONLY					

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

G. **Proof of Financial Responsibility - Minimum \$100,000-\$300,000-\$100,000 for each aircraft listed, and \$500,000 annual property damage on all liability insurance policies.**

Name and address of Insuror:_____

H. ☐ **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 hereby certify that all information given herein is true and correct to the best of my knowledge and belief.**

Signed_____ **Date**_____

Title_____

PLEASE RETURN TO THE ADDRESS ABOVE