NEBRASKA DEPARTMENT OF AGRICULTURE (NDA)

APPLICATION FOR AERIAL PESTICIDE BUSINESS LICENSE

Animal and Plant Health Protection, Pesticide Program, P.O. Box 94668, Lincoln, NE 68509 402-471-2351 Fax Number: 402-471-6893

APPLICANT INFORMATION					
Company Name	Indiv	idual's First and Last Name	M.I.	Date	
Mailing Address					
City		te ZIP			
Phone E		E-mail address (if available)			
Full names of all partners or members of corporation, or principle officers of the corporation					
Location of <u>Principle</u> Operation (Address or GPS coordinates or airport identifier or legal description)					
Location of Secondary Operations in Nebraska (Address or GPS coordinates or airport identifier or legal description)					
If sole proprietor, are you a citizen of the United States?		If not a citizen of the U.S., you must provide your USCIS /alien resident number			
YES NO					
FAA Part 137 Certificate Number:					
FAA Aircraft Registration Numbers for all aircraft owned, rented or leased					
All licensed businesses located outside the state of Nebraska must designate a resident agent or give consent to the jurisdiction of the State of Nebraska for actions taken under the Pesticide Act, Neb. Rev. Stat. §§2-2622 to 2-2659. Name and address of resident agent or give			I hereby consent to the State of Nebraska. (sign if accepting)		
Signature of person submitting application Office Use Only Date application received: Payment made: License Number Issued: Date application					
An annual license fee of \$100 shall accompany this application. The fee is due and payable at the time of application, and the license will not be issued until such payment is made to NDA. Payment can be made by check, cash, or credit card. If by credit card, please provide the following information:					
Type of card (Visa or MasterCard only) Card I		l Number			
Date of expiration (month and year) Name		ne of card holder			
Billing Address for Credit Card					
SEE SECOND PAGE FOR PILOT AND AIRCRAFT REGISTRATION					