

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	Individual's First and Last Name	M.I.	Date
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Mailing Address

City	State	ZIP
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Phone	E-mail address (if available)
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Full names of all partners or members of corporation, or principle officers of the corporation
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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? YES <input type="checkbox"/> NO <input type="checkbox"/>	If not a citizen of the U.S., you must provide your USCIS /alien resident number _____
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FAA Part 137 Certificate Number:

FAA Aircraft Registration Numbers for all aircraft owned, rented or leased
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<i>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.</i>	Name and address of resident agent:	I hereby consent to the State of Nebraska. (sign if accepting)
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Signature of person submitting application
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Office Use Only Date application received: Payment made: License Number Issued:

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 Number _____ - _____ - _____ - _____

Date of expiration (month and year) _____ Name of card holder _____

Billing Address for Credit Card _____

SEE SECOND PAGE FOR PILOT AND AIRCRAFT REGISTRATION

PILOTS WORKING FOR BUSINESS LICENSE HOLDER (LICENSE #:)

Please list all required information for all listed individuals

Full Name		Phone ()
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Mailing Address		FAA Commercial Pilot Certificate Number:
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		NDA Pesticide Applicator License Number:
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Aircraft Registration Number
if not listed under license holder:

Dates of commencement and termination of service for license holder:

Full Name		Phone ()
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Mailing Address		FAA Commercial Pilot Certificate Number:
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		NDA Pesticide Applicator License Number:
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Aircraft Registration Number
if not listed under license holder:

Dates of commencement and termination of service for license holder:

Full Name		Phone ()
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Mailing Address		FAA Commercial Pilot Certificate Number:
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		NDA Pesticide Applicator License Number:
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Aircraft Registration Number
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Dates of commencement and termination of service for license holder:

Full Name		Phone ()
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Mailing Address		FAA Commercial Pilot Certificate Number:
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Mailing Address		FAA Commercial Pilot Certificate Number:
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		NDA Pesticide Applicator License Number:
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Aircraft Registration Number
if not listed under license holder:

Dates of commencement and termination of service for license holder: