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 Email: AGR.Pesticide@nebraska.gov

APPLICANT INFORMATION

Company Name	Individual's First and Last Name	M.I.	Date

Mailing Address		
City	State	ZIP
Phone	E-mail address (if available)	

Full names of all partners
or members of corporation,
or principle officers of the corporation

Location of Principle 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 ☐ NO ☐	If not a citizen of the U.S., you must provide your USCIS /alien resident number _____

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:	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:

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 ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		
Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
	Aircraft Registration Number if not listed under license holder:	
	Dates of commencement and termination of service for license holder:	
Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		
Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		
Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		