



Division of Agricultural Services
Foss Bldg, 523 E Capitol Ave
Pierre, SD 57501-3182
Phone: (605) 773-4432 Fax: (605) 773-3481
Web: sdda.sd.gov/Ag\_Services

Form A 94 A

PRIVATE AERIAL APPLICATOR APPLICATION
(To be submitted with the Private Pesticide Applicator License Application)

Name: \_\_\_\_\_
First Middle Initial Last

Address: \_\_\_\_\_
Street or Box City State Zip+4 Phone No.

Business Name or Employer: \_\_\_\_\_

Address: \_\_\_\_\_
Street or Box City State Zip+4 Phone No.

Email Address: \_\_\_\_\_

1. Federal Airman's Certification number: \_\_\_\_\_ Rating: \_\_\_\_\_

2. Agricultural Aircraft Operator's FAA Certificate number & Date issued: \_\_\_\_\_

3. Will cover: (List each aircraft below)

Table with 5 columns: Make, Model, Year, Federal 'N' No. (required), South Dakota Reg. No. (contact SD DOT to pay fee 605-773-4430)

4. Has listed aircraft (including attached equipment) received FAA approval? \_\_\_\_\_

5. a. Total Pilot In Command (PIC) flight hours \_\_\_\_\_

b. Total (PIC) Hours: Single Engine-Tricycle Gear: \_\_\_\_\_; Single engine-Conventional/Trail Dragger: \_\_\_\_\_; Helicopter: \_\_\_\_\_; Other: \_\_\_\_\_

6. In reference to 5b, number of hours within the preceding 12 months by type. \_\_\_\_\_

7. a. Total hours of spraying and/or dusting experience: \_\_\_\_\_ Within past year: \_\_\_\_\_

b. Equivalent hours of experience within the past year (e.g. Practice time). \_\_\_\_\_

c. Have you successfully completed an FAA approved aerial applicator school? \_\_\_\_\_

If so, please attach a copy if this is the first time application.

8. a. Number of acres in South Dakota, treated by the applicant within the past year. \_\_\_\_\_

b. Number of flight hours involved in the treatment of the acreage in 8a. \_\_\_\_\_

9. Anyone who has less than 750 PIC Hours and has not previously sprayed under a Class B permit for 2 years or successfully completed an FAA approved aerial applicators school or have a current aerial applicators license from another state, must operate under the supervision of a SD licensed FAA Part 137 license holder.

Name of supervisor pilot \_\_\_\_\_ Signature \_\_\_\_\_
(Print)

10. Have you or any employer (for which you have ever worked) been denied permission to spray in any state? \_\_\_\_\_
If yes, indicate employer, company, year of denial and state where denial was issued. \_\_\_\_\_

11. The information provided above is true and correct, to the best of my knowledge.

Signature Date

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APPROVED BY THE SOUTH DAKOTA AERONAUTICS COMMISSION

Date Program Manager Class