

Attachment 1. SPRAY AIRCRAFT PILOT APPROVAL FORM

1. Personal Information				
a. Name (Last, first, middle initial)	b. Home telephone		Instructions: Complete and Print. Return completed and signed form to the Field Project Coordinator. See Contract Specifications for name and address.	
c. Home address	d. City, State, and Zip Code			
e. Contractor's pesticide application business license number issued by the state:				
2. Emergency Contact				
a. Name	b. Address, City, State, Zip Code	c. Telephone	d. Relationship	
3. Employer Information (relative to employment on the state project)				
a. Name of employer	b. Address, City, State, Zip Code	c. Is employer: Primary contractor ___ Subcontractor ___		
d. Is employment: Full-time ___ Seasonal ___	e. Employer's pesticide application business license number issued by the state:			
4. Airman Certificate Information				
a. Type: COMM ___ ATP ___	b. Certificate number:	c. Current instrument rating: Yes ___ No ___	d. Type ratings (include heavy A/C type ratings):	e. FAR Part 137 qualified: Yes ___ No ___
5. Medical Information				
a. Classification	b. Date of current medical certificate:	c. Limitations		
6. Experience/Training/Proficiency				
a. Flight Experience as Pilot-In-Command (Hours)	Total	Past 12 Months	b. Has any previous approval been denied, suspended, or revoked in or on any state, federal, or other program? Yes ___ (explain on next page) No ___	
All aircraft (1,000 hours required)				
Night (10 hours required)			c. List any related schools or training sessions attended within the last three years (if none, check here ___)	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)				
Weight class (category) to be flown on contract (100 hours required)				
Make, model, and series to be flown on contract (20 hours required)				
Forest pesticide application in terrain typical of contract area (50 hours required)				
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)				
Number of seasons of aerial spraying over forested areas (2 required)			d. Have you had any aircraft accidents within the past three years? Yes ___ (explain on next page) No ___	
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps? Yes ___ No ___	f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes ___ No ___); AgNav (Yes ___ No ___) Number of hours flown with either in past 12 months: _____			
7. Resume (list recent forest aerial spraying experience by year)				
Year	Agency/Location	Contact Person* (Name and Telephone)	Aircraft	Pest

* Include name and telephone. Application will be rejected if this information is not provided.

8. Certification

I certify that as an applicator pilot I am solely responsible for the safe operation of my aircraft. This includes making a reconnaissance flight over each working area, including associated turnaround areas, to identify and locate all natural or man-made hazards or obstructions to aircraft flight. I further certify that all statements made herein are true. I understand that any misrepresentation of information requested will result in my prohibition from participation in the current year's suppression project.

Signature of Pilot Applicant Date _____
Attested to by Employer Date

9. Review- Field Project Coordinator

I have reviewed the information provided. Based upon that review, my determination of the applicant's compliance with the requirements for an aerial application pilot as set forth in the _____ forest insect pests suppression program contract specifications is as follows: _____ meets requirements; _____ does not meet requirements. If rejected, see explanation below.

Signature – Field Project Coordinator Date

10. Review – Aircraft Operations Advisor

I have reviewed this information and am in agreement with the decision of the field project coordinator.

Signature – Aircraft Operations Advisor Date

6b.Previous page–Explanation of any previous approval being denied, suspended, or revoked in or on any state, federal, or other program.

Empty box for explanation of previous approval being denied, suspended, or revoked.

6d.Previous page–Details and explanation of any aircraft accidents within last three years.

Empty box for details and explanation of any aircraft accidents within last three years.

11. Reason(s) for rejection.

Empty box for reason(s) for rejection.