

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0579-0298. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0298
EXP. XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE/PLANT PROTECTION AND QUARANTINE CONTRACT PILOT AND AIRCRAFT ACCEPTANCE	1. PROGRAM	2. REGION
	3. INSPECTION SITE	4. CONTRACT NUMBER
		5. DATE
6. CONTRACTOR'S NAME AND MAILING ADDRESS (including ZIP Code)	7. REGISTERED AIRCRAFT OWNER'S NAME AND MAILING ADDRESS (including ZIP Code)	
TELEPHONE NUMBER	TELEPHONE NUMBER	
8. STATE APPLICATOR BUSINESS LICENSE AND EXPIRATION DATE	9. FAA AG CERTIFICATE NUMBER	10. CONGESTED AREA WAIVER (If required) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

PILOT INFORMATION

NOTE: FOR OBSERVATION PILOT COMPLETE BLOCKS 11-20 ONLY

11. PILOT'S NAME AND MAILING ADDRESS (including ZIP Code)	16. GOVERNMENT ISSUED PHOTO ID (Passport, Driver's License) <input type="checkbox"/> YES <input type="checkbox"/> NO
	17. TOTAL TIME _____ (1,000 Hours Minimum)
TELEPHONE NUMBER	18. TOTAL PIC TIME IN TYPE (i.e., AT-301; C-182) _____ (25 Hours Minimum)
	19. TOTAL AG AND/OR OBSERVATION TIME (Observation Pilot) _____ (50 Hours Minimum)
12. CERTIFICATE AND NUMBER (ATP or Commercial)	20. OBSERVATION PILOT/APPLICATOR LETTER OF COMPETENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
13. RATINGS	
14. MEDICAL CLASS/DATE	21. TOTAL AG TIME _____ (100 Hours Minimum)
15. FLIGHT REVIEW DATE	22. STATE OF ISSUE, APPLICATOR LICENSE NUMBER AND EXPIRATION DATE

AIRCRAFT INFORMATION

NOTE: FOR OBSERVATION AIRCRAFT COMPLETE BLOCKS 23-30 ONLY

23. AIRCRAFT REGISTRATION NUMBER N	28. PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. AIRCRAFT MAKE/MODEL	29. SPEED (MPH)	33. RATE/ACRE
25. DATE OF ANNUAL INSPECTION	30. DATE AVAILABLE	34. ASSIGNED SWATH
26. AIRCRAFT TIME SINCE 100-HOUR INSPECTION	31. CATEGORY <input type="checkbox"/> C <input type="checkbox"/> D	35. GUIDANCE TYPE Precision DGPS Make _____ Non-precision (flagging, kytoons, etc.) _____
27. AIRWORTHINESS CERTIFICATE CATEGORY	32. CHEMICAL	

APPLICATION SYSTEMS

DRY

36. SPREADER MAKE _____ MODEL _____	39. AIR AGITATION, RAM AIR INTAKE, AND VENT TUBE FLOW REGULATOR INSTALLED PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO
37. SPREADER CLEAN AND FREE OF CONTAMINATION <input type="checkbox"/> YES <input type="checkbox"/> NO	40. SPECIAL EQUIPMENT REQUIRED (flagman, smoker, etc.)
38. HOPPER INTERIOR CLEAN/DRY AND INTERNAL VALVES SEALED <input type="checkbox"/> YES <input type="checkbox"/> NO	41. EQUIPPED WITH JETTISON DEVICE THAT MEETS CFR PART 137.53(C)(2) <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION SYSTEMS (continued)

LIQUID

		YES	NO
42. HOPPER/SPRAY TANK INTERIOR DRY AND CLEANED OF ALL CONTAMINATION			
43. LEAK PROOF--CHECK CONDITION OF HOSES, GATE SEAL, AND OTHER SPRAY SYSTEM COMPONENTS			
44. EQUIPPED WITH JETTISON DEVICE THAT MEETS CFR PART 137.53(C)(2)			
45. DRAIN VALVE(S) LOCATED AT LOWEST POINT(S) IN THE SYSTEM			
46. EMERGENCY SHUT-OFF VALVE LOCATED BETWEEN THE HOPPER AND PUMP (ASK FOR A DEMONSTRATION)			
47. BLEED LINES INSTALLED ON SPRAY BOOMS WHEN REQUIRED (SEE STATEMENT OF WORK FOR CORRECT INSTALLATION OF BLEED LINES)			
48. PUMP HAS CAPACITY TO DELIVER 40 PSI TO ALL SPRAY NOZZLES			
49. FUNCTIONAL PRESSURE GAUGE WITH A MINIMUM RANGE OF ZERO TO 60, BUT NO GREATER THAN ZERO TO 100 PSI			
50. IN-LINE STRAINER BETWEEN PUMP AND BOOM			
51. UNUSED NOZZLES REMOVED AND OPENINGS PLUGGED			
52. SPECIAL EQUIPMENT REQUIRED (I.E., FLAGMAN, SMOKER, ETC.) IF YES, THEN SPECIFY			
53. METHOD TO DETERMINE THE AMOUNT OF CHEMICAL IN THE HOPPER, IN FLIGHT, AND ON THE GROUND			
54. NUMBER OF NOZZLES INSTALLED FOR APPLICATION	55. SPRAY TIP AND STRAINER SIZE (I.E., SS8002/50 MESH (SEE STATEMENT OF WORK FOR SPECIFIC AIRCRAFT TIP AND SIZE)	56. OPERATING BOOM PRESSURE (PSI)	

DEFICIENCIES NOTED

DEFICIENCIES CORRECTED

REMARKS

CERTIFICATION

I certify that I have completed the above inspections and have noted findings as

ACCEPTABLE

UNACCEPTABLE

57. OFFICIAL SIGNATURE	TITLE	DATE
58. PILOT/CONTRACTOR SIGNATURE	TITLE	DATE