



US Department  
of Transportation  
Federal Aviation  
Administration

## AGRICULTURAL AIRCRAFT OPERATOR CERTIFICATE APPLICATION

**Paperwork Reduction Act Statement:** The information collected on this form is required. This form is submitted to determine eligibility for the issuance of the Agriculture Aircraft Operator Certificate. Confidentiality is neither requested nor provided. We estimate that it will take 1 hour to complete the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0049. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC 20591  
Attn: Information Collection Clearance Officer, ASP-110.

SUPPLEMENTAL  
INFORMATION

Form 8710-3 (12/16)



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## AGRICULTURAL AIRCRAFT OPERATOR CERTIFICATE APPLICATION

**INSTRUCTIONS**  
Complete form in its entirety  
Submit to the local Flight Standards  
District Office

1. APPLICATION FOR		TYPE		FOR DISPENSING <i>(Check one)</i>		ORIGINAL	
		PRIVATE		ECONOMIC POISONS		AMENDMENT	
		COMMERCIAL		OTHER THAN ECONOMIC POISONS		REISSUANCE	
2. NAME AND ADDRESS OF APPLICANT				3. PRINCIPAL OPERATIONS BASE <i>(Airport, City, State)</i>			
TELEPHONE NUMBER				TELEPHONE NUMBER			
4. OPERATING AS		INDIVIDUAL		OTHER <i>(Specify)</i>		5. NAME OF CHIEF SUPERVISOR OF OPERATIONS <i>(Commercial Operations Only)</i>	
		CORPORATION				_____	
		PARTNERSHIP				<i>(First) (Middle Initial) (Last)</i>	
6. AIRMAN CERTIFICATE HELD				CERTIFICATE NUMBER			
GRADE		RATINGS					
PRIVATE		ASEL		AMES		TYPE RATING(S) <i>(Specify)</i>	
COMMERCIAL		AMEL		HELICOPTER			
AIRLINE TRANSPORT		ASES		GYROPLANE			
7A. DO YOU HOLD A CURRENTLY EFFECTIVE CERTIFICATE OF WAIVER FOR CONDUCTING AGRICULTURAL AIRCRAFT OPERATIONS?						NO	
						YES <i>(Complete 7B)</i>	
7B. WAIVER HELD		DATE ISSUED		EXPIRATION DATE		FAA DISTRICT OFFICE WHERE ISSUED	
8. AGRICULTURAL AIRCRAFT TO BE OPERATED							
MAKE	MODEL	EQUIPPED FOR		TOTAL NUMBER EACH AIRCRAFT OPERATED	REGISTRATION MARK <i>(List a minimum of one)</i>		
		LIQUID	SOLID				
9. LIST THE NAME(S) AND AIRMAN CERTIFICATE NUMBER(S) OF AGRICULTURAL PILOT(S) WORKING FOR YOU AT THE PRESENT TIME <i>(Use separate sheet and attach if additional space is needed.)</i>							
NAME	CERT. NO.	NAME	CERT. NO.				
10. REMARKS <i>(if applicable)</i>							
11. CERTIFICATION: I CERTIFY THAT STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT.							
DATE	TITLE	SIGNATURE					

**INSPECTION REPORT - For FAA Use Only**

*(To be completed by the General Aviation for Flight Standards District Office)*

**COMPLIANCE WITH APPLICABLE REGULATIONS**

1. PILOTS	NOT REQUIRED	SATISFACTORY	UNSATISFACTORY
A. CERTIFICATES			
B. RATING(S)			
C. KNOWLEDGE TEST			
D. SKILL TEST			
2. AIRCRAFT			
A. CERTIFICATED			
B. AIRWORTHY			
C. EQUIPPED FOR AGRICULTURAL OPERATIONS			

10. REMARKS *(Include an explanation of denial if application is disapproved).*

**4. DISTRICT OFFICE ACTION**

	CERTIFICATE ISSUED	INSPECTORS SIGNATURES
	APPLICATION DISAPPROVED	
DATE INSPECTION COMPLETED		