



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)</i>   | <i>(Middle Initial)</i>   | <i>(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<br><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<br><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 |                       |