



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

APPLICATION FOR AIRCRAFT REGISTRATION

Section 487.051(1)(d), F.S., and 5E-1.025(1) (8) (a), F.A.C.,
5E-4.013(1), (7) (a), F.A.C., 5E-9.036(1), (9) (a), F.A.C., 5E-13.0371(1), (8) (a), F.A.C.
Telephone: (850) 617-7870; FAX (850) 617-7895

Submit to:
Pesticide Certification
Section
3125 Conner Boulevard,
Bldg. 8 (L29)
Tallahassee, FL 32399-
1650

AIRCRAFT INFORMATION

- 1. Serial No.: _____ 2. FAA Registration No.: _____ 3. Date purchased, leased or rented: _____
- 4. Aircraft Year, Make and Model: _____ 5. Color: _____
- 6. Location of aircraft (where maintained): _____
- 7. List pilots who will fly this aircraft (include FAA pilot license #): _____
- 8. Attach a copy of the current FAA registration for this aircraft. _____

REGISTRANT INFORMATION

- 9. What is your capacity as registrant of this aircraft? Owner Lessee Renter
- 10. Type of Registration. Check one box: Individual Partnership Corporation Co-Registrant (owner, lessee, renter)
 Government Non-Citizen Corporation Other
- 11. Number of Co-Registrants: _____ Not Applicable. Give information for one Registrant or Co-Registrant below and use additional forms for additional Co-Registrants. Information must be provided for all Co-Registrants.
- 12. Legal Name of Registrant: Partnership, Corporation, or Government _____
or Individual or Co-Registrant
Last name First Middle Suffix
- 13. Date of Birth _____ 4 Digit PIN # _____
(if Individual or Co-Registrant)
- 14. Mailing Address: _____
Address 1 _____
Address 2 _____
City _____
State _____ Zip Code _____
County _____
- 15. Home Address: _____
Address 1 _____
Address 2 _____
City _____
State _____ Zip Code _____
County _____
- 16. Business Address _____
Address 1 _____
Address 2 _____
City _____ State _____
Zip Code _____ County _____
- 17. Telephone Numbers _____
Business Phone _____
Home Phone _____
Cell Phone _____
Other _____
- 18. Authorized Representative of Partnership, Corp. or Gov't. _____
Date of Birth _____ 4 Digit PIN # _____
Last Name First Middle

APPLICATION INFORMATION

- 19. Products to be Applied: Public health/mosquito control pesticides Agricultural pesticides Fertilizer Seed
 Other _____
- 20. If pesticides will be applied, submit proof of insurance or surety bond.

SIGNATURE

- 21. Signature _____ Date _____
- 22. Status Aircraft Registrant Authorized Representative (Ptrship/Corp/Govt.)
Each Co-Registrant must complete and sign a separate form. Submit all forms together.

For FDACS Use Only

FDACS Registration No. _____

Date _____ Initials _____