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FORM APPROVED OMB NUMBER 0579-0298

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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		1. PROGRAM	1. PROGRAM		2. REGION		
PLANT PROTECTION AND QUARANTINE				4. CONTRACT NO.			
CONTRACT PILOT AND AIRCRAFT ACCI	EDTANCE	3. INSPECTION SITE					
CONTRACT PILOT AND AIRCRAFT ACCI	EPIANCE			5. DATE			
6. CONTRACTOR'S NAME AND MAILING ADDRESS (include Zij	n Code)	7. REGISTERED AIRCRAFT OWNER'S NAME & MAILING ADDRESS (include Zip code)					
C. CONTINUE TO TO THE WILL HE WILLIAM TO THE STREET (INCIDENCE 21)	o coucy				, , , , , , , , , , , , , , , ,	,	
TELEPHONE NUMBER		TELEPHONE NUMBER					
8. STATE APPLICATOR BUSINESS LICENSE AND EXPIRATION DATE		9. FAA AG CERTIFICATE NUN	MBER 1	10. CONGESTED AREA WAIVER (If required)			
				Yes	No	∏ N/A	
DII OT INFORMATION						11//1	
	E: FOR OBSERV	ATION PILOT COMPLETE		20 ONLY			
11. PILOT'S NAME AND MAILING ADDRESS (include Zip Code)		16. GOVERNMENT ISSUED P (Passport, Driver's Licen			N.		
				Yes	☐ No		
		17. TOTAL TIME		(1,000 hours minimum)			
		40 TOTAL DIO TIME IN TVDE					
		18. TOTAL PIC TIME IN TYPE	(I.e., A1-301; C	-182)	( 25 hc	ours minimum)	
TELEPHONE NUMBER		19. TOTAL AG AND/OR OBSE	DVATION TIME				
		(Observation Pilot) (50 hours minimum)					
12. CERTIFICATE AND NUMBER (ATP or Commercial)		20. OBSERVATION PILOT/APPLICATOR LETTER OF COMPETENCY					
			LIGHTOTTE	Yes	No		
13. RATINGS		21. TOTAL AG TIME					
44 MEDIOAL OLAGOIDATE		(100 hours minimum)					
14. MEDICAL CLASS/DATE		22. STATE OF ISSUE, APPLIC	ATOR LICENSE	NO. AND EXPIRATION	DATE		
15. FLIGHT REVIEW DATE							
AIRCRAFT INFORMATION NOTE	: FOR OBSERV	ATION AIRCRAFT COMPLE	TE BLOCKS	23-30 ONLY			
23. AIRCRAFT REGISTRATION NO.	28. PROOF OF	- INSURANCE					
N	20.1.1.00.			Yes	☐ No		
24. AIRCRAFT MAKE/MODEL	29. SPEED (M	PH)	33. RATE/AC				
	,	,					
25. DATE OF ANNUAL INSPECTION	30. DATE AVA	ILABLE	E 34. ASSIGNED SWATH				
26. AIRCRAFT TIME SINCE 100 HOUR INSPECTION	31. CATEGOR	Υ	35. GUIDANO	E TYPE			
		$\Box$ C $\Box$ D	Precisio	n DGPS Make			
27. AIRWORTHINESS CERTIFICATE CATEGORY	32. CHEMICAL	_					
			Non-pre	cision (flagging, kytoons,	, etc.)		
APPLICATION SYSTEMS							
DRY							
36. SPREADER	39 A	IR AGITATION, RAM AIR INTAKE,	AND VENT TUE	BE FLOW REGULATOR	INSTALLED F	PROPERI Y	
MAKE MODEL		,	7.1.12 12.11 102		Yes	No	
37. SPREADER CLEAN AND FREE OF CONTAMINATION	40 81	PECIAL EQUIPMENT REQUIRED	(flagman smoke	er etc)	<u></u>		
	No 40. 31	LOIAL LQUII WILNI NLQUIKED	(naginan, Sinoke	n, oto. <i>j</i>			
38. HOPPER INTERIOR CLEAN/DRY AND INTERNAL VALVES		QUIPPED WITH JETTISON DEVIC	E THAT MEETS	FAR PART 137.53(C)(2	2)		
Yes	No				Yes	No	

LIQUID		YES	NO
42. Hopper/spray tank interior dry and cleaned of all	contamination		
43. Leakproofcheck condition of hoses, gate seal,	and other spray system components		
44. Equipped with jettison device that meets FAR P	art 137.53(C)(2)		
45. Drain valve(s) located at lowest point(s) in the s	vstem		
46. Emergency shut-off valve located between the h	opper and pump (ask for a demonstration)		
47. Bleed lines installed on spray booms when requ	ired (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	e 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, smok	er, 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 F	Pressure (PSI)	
DEFICIENCIES CORRECTED			
REMARKS			
CERTIFICATION			
I certify that I have completed the above inspect	ions and have noted findings as ACCEPTABLE UNACCEPTABLE		
57. OFFICIAL SIGNATURE	TITLE DATE		
58. PILOT/CONTRACTOR SIGNATURE	TITLE DATE		