NEBRASKA DEPARTMENT OF AGRICULTURE (NDA)

APPLICATION FOR AERIAL PESTICIDE BUSINESS LICENSE

Animal and Plant Health Protection, Pesticide Program, P.O. Box 94668, Lincoln, NE 68509 402-471-2351 Fax Number: 402-471-6893

APPLICANT INFORMATION							
Company Name		Individual's First and Last Name			M.I.	Date	
Mailing Address							
City		State			ZIP		
Phone		E-mail address (if available)					
Full names of all partners or members of corporation, or principle officers of the corporation							
Location of <u>Principle</u> Operation (Address or GPS coordinates or airport identifier or legal description)							
Location of Secondary Operations in Nebraska (Address or GPS coordinates or airport identifier or legal description)							
If sole proprietor, are you a citizen of the United States?			If not a citizen of the U.S., you must provide your USCIS /alien resident number				
YES NO							
FAA Part 137 Certificate Number:							
FAA Aircraft Registration Numbers for all aircraft owned, rented or leased							
All licensed businesses located outside the state of Nebraska must designate a resident agent or give consent to the jurisdiction of the State of Nebraska for actions taken under the Pesticide Act, Neb. Rev. Stat. §§2-2622 to 2-2659.					I hereby consent to the State of Nebraska. (sign if accepting)		
Signature of person submitting application			Office Use Only Date application received: Payment made: License Number Issued:				
An annual license fee of \$100 shall accompany this appayment is made to NDA. Payment can be made by cl							
Type of card (Visa or MasterCard only) (Card Number					
Date of expiration (month and year)		Name of card holder					
Billing Address for Credit Card							
			AND AIRCRAFT REGISTRATIO				