Verification Form for Aerial Applicator Consultant

(Maintain this form for three years for each applicator)

Applicator Name: _______________________________________________________________________

Pilot’s IA Certification Number & Expiration Date: _____________________________________________

Pilot’s IA Commercial Applicator License Number & Expiration Date: _____________________________

Date of initial meeting: ___________________________________________________________________

Meet with each aerial applicator under consultation prior to application of pesticides and verify the following:

☐ Provide name and telephone number to applicator where consultant may be reached during hours of operation.

☐ Provide instructions to aerial applicators and handlers for proper emergency response procedures in the case of a pesticide spill or accident.

☐ Pesticide handlers are certified.

☐ Applicator has valid certificate of insurance or proof of financial responsibility for each aircraft being operated.

☐ Aircraft is currently registered with the Iowa Department of Transportation

☐ Aircraft spray boom has proper nozzle configuration

☐ Required PPE is available and used properly.

☐ Applicator has access to Iowa’s sensitive crop registry

☐ Applicator is familiar with the identification and purpose of the sensitive crop sign.

☐ Applicator understands Iowa’s bee rule and what needs to be accomplished to comply.

☐ Applicator has knowledge and capability to avoid direct application or drift to bodies of water, unprotected people, endangered species locations, roads and places occupied by people including farm workers.

☐ Applicator has read and understands pesticide label instructions.

I have had my initial meeting with this aerial applicator consultant and understand my responsibilities as a commercial pesticide applicator operating in Iowa.

______________________________________________________________________________________
Signature of Aerial Applicator (Pilot) Date

______________________________________________________________________________________
Signature of Aerial Applicator Consultant Date

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I have been notified in person that consultation services have been terminated and understand it is my responsibility to notify the Pesticide Bureau of IDALS of this.

______________________________________________________________________________________
Signature of Aerial Applicator Date

______________________________________________________________________________________
Signature of Aerial Applicator Consultant Date

(A copy of this record to be maintained for three years with the aerial applicator consultant.)