



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

**APPLICATION FOR AIRCRAFT REGISTRATION**

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

**WILTON SIMPSON  
COMMISSIONER**

Rule 5E-4.013, 5E-9.036, F.A.C.  
Telephone: (850) 617-7870; FAX (850) 617-7895

**AIRCRAFT INFORMATION**

1. Serial No.: \_\_\_\_\_ 2. FAA Registration No.: \_\_\_\_\_ 3. Date purchased/leased/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 \_\_\_\_\_ Email Address \_\_\_\_\_  
(if Individual or Co-Registrant)
14. Mailing Address: \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_
15. Home Address: \_\_\_\_\_  
Address 1 \_\_\_\_\_  
(physical address)  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_
16. Business Address \_\_\_\_\_  
Address 1 \_\_\_\_\_  
(physical address)  
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. \_\_\_\_\_  
Last Name First Middle  
Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

**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  (P'ship/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 _____