



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

ADAM H. PUTNAM
COMMISSIONER

Rule 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 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 _____ 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. _____
Date of Birth _____ Email Address _____
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 _____