



TENNESSEE DEPARTMENT OF AGRICULTURE

JULIUS JOHNSON
COMMISSIONER

REGULATORY SERVICES
Ag Inputs and Pesticides

Aerial Applicator Verification

Pilot name _____ **TDA License No.** _____ **Agronaut Pilot License No.** _____

Date of Initial Agronaut Pilot License Issuance _____

Home address _____ **City/State/Zip** _____

Flying service (as operating in Tennessee) _____ **Location** _____ **Phone** _____

List aircraft you fly by FAA number(s) _____ **TDA Decal No.** _____

Indicate where the aircraft is housed when not in use _____

How are aircraft secured when not in use _____

Name other pilot(s)/employee (s) that have access to aerial application aircraft that you fly _____

Employee (s) Name _____ **County of Residence** _____

Employee (s) Name _____ **County of Residence** _____

List principal county in Tennessee where you apply pesticides aerially _____

I _____ certify that the information I have provided is
(Print Name) accurate to the best of my knowledge.

TDA official (signature)

Date

Pilot (signature)