





**DIVISION OF AGRICULTURAL SERVICES**  
Foss Building, 523 E. Capitol Ave.  
Pierre, SD 57501-3182  
Phone: (605) 773-4432  
Website Address: <http://sdda.sd.gov/divisions/#agServices>

**COMMERCIAL AERIAL APPLICATOR FORM**

Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street or Box City State Zip+4 Phone No.

Business Name or Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Box City State Zip+4 Phone No.

1. Federal Airman's Certification number: \_\_\_\_\_ Rating: \_\_\_\_\_

2. Agricultural Aircraft Operator's FAA Certificate number & Date issued: \_\_\_\_\_

3. Will cover: (List each aircraft below)

Make	Model	Year	Federal 'N' No. (required)	South Dakota Reg. No. (contact SD DOT to pay fee: 605-773-4430)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Has listed aircraft (including attached equipment) received FAA approval? \_\_\_\_\_

5. a. Total Pilot In Command (PIC) flight hours \_\_\_\_\_

b. Total (PIC) Hours: Single Engine-Tricycle Gear \_\_\_\_\_ Single engine-Conventional/Trail Dragger \_\_\_\_\_;  
Helicopter \_\_\_\_\_; Other \_\_\_\_\_

6. In reference to 5b, number of hours within the preceding 12 months by type. \_\_\_\_\_

7. a. Total hours of spraying and/or dusting experience: \_\_\_\_\_ Within past year: \_\_\_\_\_

b. Equivalent hours of experience within the past year (eg. Practice time). \_\_\_\_\_

c. Have you successfully completed an FAA approved aerial applicator school \_\_\_\_\_  
If so, please attach a copy if this is the first time application.

8. a. Number of acres in South Dakota, treated by the applicant within the past year. \_\_\_\_\_

b. Number of flight hours involved in the treatment of the acreage in 8a. \_\_\_\_\_

9. Anyone who has less than 750 PIC Hours and has not previously sprayed under a Class B permit for 2 years or successfully completed an FAA approved aerial applicators school or have a current aerial applicators license from another state, must operate under the supervision of a SD licensed FAA Part 137 license holder.

Name of supervisor pilot \_\_\_\_\_ Signature \_\_\_\_\_  
(print)

10. Have you or any employer (for which you have ever worked) been denied permission to spray in any state? \_\_\_\_\_  
If yes, indicate employer, company, year of denial and state where denial was issued. \_\_\_\_\_

11. The information provided above is true and correct, to the best of my knowledge.

\_\_\_\_\_  
Signature Date

**OFFICE USE ONLY**

APPROVED BY THE SOUTH DAKOTA AERONAUTICS COMMISSION

Date \_\_\_\_\_ Program Director \_\_\_\_\_ Class \_\_\_\_\_