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OMB Approved  
0579-0298  
EXP. 08/2026

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE/PLANT  
PROTECTION AND QUARANTINE

CONTRACT PILOT AND AIRCRAFT ACCEPTANCE

1. PROGRAM

2. REGION

3. INSPECTION SITE

4. CONTRACT NUMBER

5. DATE

6. CONTRACTOR'S NAME AND MAILING ADDRESS (including ZIP Code)

7. REGISTERED AIRCRAFT OWNER'S NAME AND MAILING ADDRESS (including ZIP Code)

TELEPHONE NUMBER

TELEPHONE NUMBER

8. STATE APPLICATOR BUSINESS LICENSE AND EXPIRATION DATE

9. FAA AG CERTIFICATE NUMBER

10. CONGESTED AREA WAIVER (If required)

☐ YES ☐ NO ☐ NA

PILOT INFORMATION

NOTE: FOR OBSERVATION PILOT COMPLETE BLOCKS 11-20 ONLY

11. PILOT'S NAME AND MAILING ADDRESS (including ZIP Code)

16. GOVERNMENT ISSUED PHOTO ID  
(Passport, Driver's License)

☐ YES ☐ NO

17. TOTAL TIME

\_\_\_\_ (1,000 Hours Minimum)

18. TOTAL PIC TIME IN TYPE (i.e., AT-301; C-182)

\_\_\_\_ (25 Hours Minimum)

TELEPHONE NUMBER

19. TOTAL AG AND/OR OBSERVATION TIME  
(Observation Pilot)

\_\_\_\_ (50 Hours Minimum)

12. CERTIFICATE AND NUMBER (ATP or Commercial)

20. OBSERVATION PILOT/APPLICATOR LETTER OF COMPETENCY

13. RATINGS

☐ YES ☐ NO

21. TOTAL AG TIME

\_\_\_\_ (100 Hours Minimum)

14. MEDICAL CLASS/DATE

22. STATE OF ISSUE, APPLICATOR LICENSE NUMBER AND EXPIRATION DATE

15. FLIGHT REVIEW DATE

AIRCRAFT INFORMATION

NOTE: FOR OBSERVATION AIRCRAFT COMPLETE BLOCKS 23-30 ONLY

23. AIRCRAFT REGISTRATION NUMBER

N

28. PROOF OF INSURANCE

☐ YES ☐ NO

24. AIRCRAFT MAKE/MODEL

29. SPEED (MPH)

33. RATE/ACRE

25. DATE OF ANNUAL INSPECTION

30. DATE AVAILABLE

34. ASSIGNED SWATH

26. AIRCRAFT TIME SINCE 100-HOUR INSPECTION

31. CATEGORY

☐ C ☐ D

35. GUIDANCE TYPE

27. AIRWORTHINESS CERTIFICATE CATEGORY

32. CHEMICAL

Precision DGPS Make \_\_\_\_\_

Non-precision (flagging, kytoons, etc.) \_\_\_\_\_

APPLICATION SYSTEMS

DRY

36. SPREADER

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

39. AIR AGITATION, RAM AIR INTAKE, AND VENT TUBE FLOW REGULATOR INSTALLED PROPERLY

☐ YES ☐ NO

37. SPREADER CLEAN AND FREE OF CONTAMINATION

☐ YES ☐ NO

40. SPECIAL EQUIPMENT REQUIRED (flagman, smoker, etc.)

38. HOPPER INTERIOR CLEAN/DRY AND INTERNAL VALVES SEALED

☐ YES ☐ NO

41. EQUIPPED WITH JETTISON DEVICE THAT MEETS CFR PART 137.53(C)(2)

☐ YES ☐ NO

**APPLICATION SYSTEMS** *(continued)***LIQUID****YES****NO**

42. HOPPER/SPRAY TANK INTERIOR DRY AND CLEANED OF ALL CONTAMINATION

43. LEAK PROOF--CHECK CONDITION OF HOSES, GATE SEAL, AND OTHER SPRAY SYSTEM COMPONENTS

44. EQUIPPED WITH JETTISON DEVICE THAT MEETS CFR PART 137.53(C)(2)

45. DRAIN VALVE(S) LOCATED AT LOWEST POINT(S) IN THE SYSTEM

46. EMERGENCY SHUT-OFF VALVE LOCATED BETWEEN THE HOPPER AND PUMP (ASK FOR A DEMONSTRATION)

47. BLEED LINES INSTALLED ON SPRAY BOOMS WHEN REQUIRED (SEE STATEMENT OF WORK FOR CORRECT INSTALLATION OF BLEED LINES)

48. PUMP HAS CAPACITY TO DELIVER 40 PSI TO ALL SPRAY NOZZLES

49. FUNCTIONAL PRESSURE GAUGE WITH A MINIMUM RANGE OF ZERO TO 60, BUT NO GREATER THAN ZERO TO 100 PSI

50. IN-LINE STRAINER BETWEEN PUMP AND BOOM

51. UNUSED NOZZLES REMOVED AND OPENINGS PLUGGED

52. SPECIAL EQUIPMENT REQUIRED (I.E., FLAGMAN, SMOKER, ETC.) IF YES, THEN SPECIFY

53. METHOD TO DETERMINE THE AMOUNT OF CHEMICAL IN THE HOPPER, IN FLIGHT, AND ON THE GROUND

54. NUMBER OF NOZZLES INSTALLED  
FOR APPLICATION55. SPRAY TIP AND STRAINER SIZE (I.E., SS8002/50 MESH (SEE STATEMENT OF  
WORK FOR SPECIFIC AIRCRAFT TIP AND SIZE)

56. OPERATING BOOM PRESSURE (PSI)

**DEFICIENCIES NOTED****DEFICIENCIES CORRECTED****REMARKS****CERTIFICATION**

I certify that I have completed the above inspections and have noted findings as

☐ ACCEPTABLE☐ UNACCEPTABLE

57. OFFICIAL SIGNATURE

TITLE

DATE

58. PILOT/CONTRACTOR SIGNATURE

TITLE

DATE