

Purchasing Divison 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Request for Quotation 33 — Service - Misc

F	Proc Folder: 535305						
į .	Doc Description: Aerial Application for Black Fly						
F	roc Type: Central Maste	r Agraement					
Date Issued	Solicitation Closes	Solicitation No	Version				
2019-02-11	2019-02-26 13:30:00	CRFQ 1400 AGR1900000008	1				

STATE OF THE STATE OF

**BID CLERK** 

DEPARTMENT OF ADMINISTRATION

**PURCHASING DIVISION** 

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

RECEIVED

2019 FEB 22 AH 8: 18

WW PURCHASING

VENDOR

Vendor Name, Address and Telephone Number:

Helicopter Applicators, Inc. 1670 York Rd. Gettysburg, PA 17325 717-337-1370 ENVISION

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094

melissa.k.pettrey@wv.gov

Signature X

Land

52-1005852

DATE 02/18/19

All offers subject to all terms and conditions contained in this solicitation

Page: 1

FORM ID: WV-PRC-CRFQ-001

BE WELL TO STREET

#### Central Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of the Agency, the West Virginia Dept. of Agriculture to establish an open-end contract for the Aerial Application of Black Fly Control, blocide applications to the New, Greenbrier, and Bluestone Rivers per the bid requirements, specifications, terms and conditions attached to this solicitation.

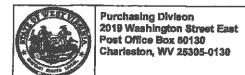
i i i i i i i i i i i i i i i i i i i		EHRY TO				
PROCUREMENT OFFICER		AUTHORIZED RECEIVER	AUTHORIZED RECEIVER 304-558-2212			
AGRICULTURE DEPARTME		•	AGRICULTURE DEPARTMENT OF			
1900 KANAWHA BLVD E	.5		PLANT INDUSTRIES DIVISION			
	1111000000000	275 GUS R DOUGLAS LN,	BLDG 6			
CHARLESTON	WV25305-0173	CHARLESTON	WV 25312	i		
US		US				

Line	Comm Ln Desc	Qty	Unit lasue	Unit Price	Total Price
	Aerial Application for Black Fly Control	0.00000	EA	See Pricin	g Page

Comm Code	Manufacturer	Specification	Model#	
70151502				

**Extended Description:** 

See Exhibit A Pricing Page



State of West Virginia Request for Quotation 33 - Service - Misc

Proc Folder: 535305

Doc Description: Addendum No. 1 Aerial Application for Black Fly

Proc Type: Central Master Agreement

Date Issued Solicitation Closes Solicitation No Version 2019-02-11 2019-02-26 CRFQ 1400 AGR1900000008 2 13:30:00

**BID CLERK** 

**DEPARTMENT OF ADMINISTRATION** 

**PURCHASING DIVISION** 

2019 WASHINGTON ST E

CHARLESTON

W 25305

US

University .

Vendor Name, Address and Telephone Number:

Helicopter Applicators, Inc.

1670 York Rd.

Gettysburg, PA 17325

717-337-1370

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094

melissa.k.pettrey@wv.gov

Signature X

52-1005852

DATE 02/18/19

All offers subject to all terms and conditions contained in this solicitation

Page: 1

FORM ID: WV-PRC-CRFQ-001

#### Addendum No. 1

Addendum No. 1 is issued to publish and distribute the attached information to the vendor community.

#### Central Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of the Agency, the West Virginia Dept. of Agriculture to establish an open-end contract for the Aerial Application of Black Fly Control, biocide applications to the New, Greenbrier, and Bluestone Rivers per the bid requirements, specifications, terms and conditions attached to this solicitation.

AVOIC TO		BOX (C)					
PROCUREMENT OFFICER	304-558-2221	AUTHORIZED RECEIVER 3	AUTHORIZED RECEIVER 304-558-2212				
AGRICULTURE DEPARTM		AGRICULTURE DEPARTME	AGRICULTURE DEPARTMENT OF				
ADMINISTRATIVE SERVICE	ES .	PLANT INDUSTRIES DIVIS	PLANT INDUSTRIES DIVISION				
1900 KANAWHA BLVD E		275 GUS R DOUGLAS LN, I	BLDG 6	i			
CHARLESTON	WV25305-0173	CHARLESTON	WV 25312				
US		us	<b>.</b>				

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Aerial Application for Black Fly Control	0.00000	EA	See Pricing	Page

Comm Code	Manufacturer	Specification	Model #
70151502			

Extended Description:

See Exhibit A Pricing Page

### **BID BOND**

### The Ohio Casualty Insurance Company

MAINTALL DV TUESE SPESSIES		
KNOWN ALL BY THESE PRESENTS,	I hat we, <u>Helicopter Applicators, Inc.</u>	1
as Principal, and The Ohio Casualty Insurance Co	mpany	, as Surety, are
held and firmly bound unto State of West Virg	ginia, Dept. of Administration, Purchasing	Division, as
Obligee, in the sum of five percent of the total an	nount bid and all add alternates	
Dollars () for	the payment of which we bind	ourselves, and our
successors and assigns, jointly and seve	erally, as provided herein.	
WHEREAS Principal has submitted on	is should be subject a bid to	45 - 01 11
WHEREAS, Principal has submitted or	is about to submit a pid to	the Obligee on a
contract for <u>Aerial Application</u>	for Black Fly Control - RFO#AGR190000	0008
		("Project").
NOW, THEREFORE, the condition of thi	s hand is that if Ohligan ages	ento Deinainalla bid
and Principal enters into a contract with	Obligoo in conformance with	epis Principais bid,
bid and provides such bond or bonds a	o may be enceified in the l	in the terms of the
documents then this obligation shall be	void: otherwise Driveing I are	loung or contract
documents, then this obligation shall be	volu, otherwise Principal and	Surety will pay to
Obligee the difference between the amo	onether never ortitute	amount for which
Obligee shall in good faith contract with covered by Principal's bid, but in no eve	nt shall Surety's and Deinsing	perform the work
the penal sum of this bond.	in shall Sufety's and Principa	ars liability exceed
are penal sum of this bond.		
Signed thisday of	Eshamani	
20th and	February , 2019 .	
	Helicopter Applicators, Inc.	
	(Principal)	
	4 41.0	
Į.	By: La Martin - Secondary - Secondary	
	Kirk A. Martin - Seci	retoy/Treasure
	The Ohio Casualty Insurance Comp	eanv/
1	By: MWYMW	W .
	Sarah E. Jordan	, Attorney-in-Fact

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 8150308

9:00 am and 4:30 pm EST on any business day.

Attorney

Power of

Ø

Ö

To confirm the validity of 1-610-832-8240 between

Liberty Mutual Insurance Company The Ohio Casualty Insurance Company

West American Insurance Company

### POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS. That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Timothy E. Koenig, Jon K. Miles; Morgan S. Ellis; Christina E. Haeussler, Sarah E. Jordan; Michael S. Malinowski; Astra M. Marx, Robert E. Miller, Valerie A. Sassaman, Matthew J. Swanick; Jessica A. Weidenhammer

all of the city of Lancaster \_ state of PA each individually if linere be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its benaff as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed triereto this 13th day of July 2018



STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

On this 13th day of July . 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notanal seal at King of Prussia, Pennsylvania, on the day and year first above written.



CORMONWEALTH OF PENNSYLVANIA Second Sec. Tonish Pascida, Notary Fubin Upply Marcia Tep., Managamery County Hy Columbiasi in Control March 28, 2021

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed such instruments shall be as binding as it signed by the President and attested to by the Secretary Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president and subject to such limitations as the chairman or the president may prescribe, shell appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds recognizances and other surely obligations. Such attorneys-in-fact subject to the invitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the sea of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I Renee C Liewellyn the undersigned Assistant Secretary, The Ohio Casualty insurance Company Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 2000

Renee C. Liewellyll, Assistant Secretary





**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Kirk A. Martin, Secretary/Treasurer	
(Name, Title)	
<pre>Kirk A. Martin, Secretary/Treasurer - Helicopter</pre>	Applicators, Inc
(Printed Name and Title)	
1670 York Rd., Gettysburg, PA 17325	
(Address)	
<u>717-33</u> 7-1370 / 717-337-1527	
(Phone Number) / (Fax Number) kmartin@helicopterapplicators.com	
(email address)	

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Helicopter Applicators, Inc.
(Company)
Kirk A. Martin - Secretary/Treasurer
(Authorized Signature) (Representative Name, Title)
Kirk A. Martin - Secretary/Treasurer
(Printed Name and Title of Authorized Representative)
02/18/19
(Date)
717-337-1370 / 717-337-1527
(Phone Number) (Fax Number)

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: AGR1900000008

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Adde	<u>rdu</u>	<u>m 1</u>	Numbers Received:			
(Checl	k th	e bo	x next to each addendum rece	ive	d)	
	[ 2	<b>K</b> ]	Addendum No. 1	[	]	Addendum No. 6
	[	]	Addendum No. 2	[	]	Addendum No. 7
	[	]	Addendum No. 3	[	]	Addendum No. 8
	[	1	Addendum No. 4	1	]	Addendum No. 9
	[	]	Addendum No. 5	[	]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Helicopter Ap	plicators, Inc.				
Company					
	Laft				
	Authorized Signature				
02/1	3/19				
	Date				

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

## REQUEST FOR QUOTATION Aerial Application of Black Fly Control

- 12.3 Reports: Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 12.4 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Kirk A. Martin

**Telephone Number:** 717-337-1370 **Fax Number:** 717-337-1527

Email Address: kmartin@helicopterapplicators.com

		pplication Black Fly Cont			
		PRICING P			
Item No.	Description	Brand Name	Estimated gallons of BTI applied	Fixed cost per Gallons applied	Extended Cost
3.	Areial Appliciation for Black Fly Control	Vectobac 12AS	4500	\$87.68	\$394,560.00
			Tot	al Bid Amount	
		Bidder / Vendor i			
Name:	Helicopter Applicators, Inc				
	1670 York Rd.				
	Gettysburg, PA 17325				
Phone:	717-337-1370				
	kmartin@helicopterapplicato				

Vendor should not alter pricing page and should fill out pricing page as is. The addition of alterations to the pricing page and/or addition of commodities other than those listed on the pricing page online or as an attachment will result in disqualification of bid submittal.

### STATE OF WEST VIRGINIA Purchasing Division

### **PURCHASING AFFIDAVIT**

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

#### **DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

#### WITNESS THE FOLLOWING SIGNATURE:

Straban Twp., Adams County My Commission Expires April 9, 2019

Vendor's Name: Helicopter Applicator	s, Inc.
Authorized Signature: La Met	Date: 02/18/19
State of <u>?A</u>	
County of ADAM S to-wit	
Taken, subscribed, and sworn to before me this /6 day	of <u>FEB</u>
My Commission expires ARL 7, 2019	, 20
AFFIX SEAL HERE	NOTARY PUBLIC
COMMUNWEALTH OF PENNSYLVANIA NOTARIAL SEAL	Furchasing Affidavit (Revised 01/19/2018)

**RFQ NUMBER: AGR1900000008** 

HELICOPTER APPLICATORS, INC. - PILOT INFORMATION

Name: Thomas Green

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

West Virginia Applicators License: No.

Flight Hours in Command: Total All Aircraft: 4900

Type of Aircraft to be Used in Contract: 4800

Night: 25

Typical Terrain: 3700

In Weight Class to be Flown: 4800

Make and Model, Preceding 60 days: 10

Number of Seasons of black fly spraying experience: 17

**FAA Medical Certificate:** 

Class: Second

Date of Exam: 09/16/18

Name: Benjamin Miller

Comm. Certificate Numbers: FAA No

Ratings: Rotorcraft - Helicopters

West Virginia Applicators License: No

Flight Hours in Command: Total All Aircraft: 1873

Type of Aircraft to be Used in Contract: 1708

Night: 23

Typical Terrain: 1504

In Weight Class to be Flown: 1873

Make and Model, Preceding 60 days: 15

Number of Seasons of black fly spraying experience: 6

**FAA Medical Certificate:** 

Class: Second

**Date of Exam:** 01/25/19

Name: Brock Heffner

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

West Virginia Applicators License: No.

Flight Hours in Command:

Total All Aircraft: 2769

Type of Aircraft to be Used in Contract: 2486

**Night:** 100

Typical Terrain: 2486

In Weight Class to be Flown: 2486 Make and Model, Preceding 60 days: 20

Number of Seasons of black fly related spraying experience: 6

FAA Medical Certificate: Class: Second

Date of Exam: 06/04/18

Name: Daniel J. Riley

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

Airplane Single Engine Land

West Virginia Applicators License: No.

Flight Hours in Command:

Total All Aircraft: 13125

Type of Aircraft to be Used in Contract: 12350

Night: 85

Typical Terrain: 7670

In Weight Class to be Flown: 8220 Make and Model, Preceding 60 days: 5

Number of Seasons of black fly spraying experience: 24

**FAA Medical Certificate:** 

Class: Second

**Date of Exam:** 02/13/19

Name: Glenn Martin

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

Airplane Single Engine Land

West Virginia Applicators License: No.

Flight Hours in Command:

Total All Aircraft: 17710

Type of Aircraft to be Used in Contract: 17610

**Night:** 674

Typical Terrain: 6325

In Weight Class to be Flown: 6400 Make and Model, Preceding 60 days: 5

Number of Seasons of black fly spraying experience: 37

FAA Medical Certificate: Class: Second

**Date of Exam:** 10/12/18

Name: Daniel Rudisill

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

SK-61

West Virginia Applicators License: No.

Flight Hours in Command:

Total All Aircraft: 12000

Type of Aircraft to be Used in Contract: 12000

Night: 320

Typical Terrain: 5000

In Weight Class to be Flown: 6010

Make and Model, Preceding 60 days: 20

Number of Seasons of black fly spraying experience: 22

**FAA Medical Certificate:** 

Class: Second

**Date of Exam:** 01/04/19

Name: Brian Redding

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

Airplane Single Engine Land

West Virginia Applicators License: No. C04406

Flight Hours in Command:

Total All Aircraft: 6837

Type of Aircraft to be Used in Contract:

Night: 68

Typical Terrain: 4177

In Weight Class to be Flown: 6371

Make and Model, Preceding 60 days: 50

Number of Seasons of black fly spraying experience: 18

**FAA Medical Certificate:** 

Class: Second
Date of Exam: 03/07/18

Name: Gerald Racey

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

West Virginia Applicators License: No.

Flight Hours in Command:

Total All Aircraft: 13589

Type of Aircraft to be Used in Contract: 6900

**Night: 960** 

Typical Terrain: 1650

In Weight Class to be Flown: 6900 Make and Model, Preceding 60 days: 5

Number of Seasons of black fly spraying experience: 19

**FAA Medical Certificate:** 

Class: Second

**Date of Exam:** 08/15/18

Name: Roger Johnsonbaugh

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters, ASEL

West Virginia Applicators License: No.

Flight Hours in Command:

Total All Aircraft: 9244

Type of Aircraft to be Used in Contract: 9031

Night: 60

Typical Terrain: 2330

In Weight Class to be Flown: 9031 Make and Model, Preceding 60 days: 10

Number of Seasons of black fly spraying experience: 15

FAA Medical Certificate: Class: Second

Date of Exam: 05/23/18

Name: Joseph Stambaugh

Comm. Certificate Numbers: FAA No.

Ratings: Rotorcraft - Helicopters

West Virginia Applicators License: No.

Flight Hours in Command:

Total All Aircraft: 11,200

Type of Aircraft to be Used in Contract: 10,500

Night: 65

Typical Terrain: 200

In Weight Class to be Flown: 10,000 Make and Model, Preceding 60 days: 12

Number of Seasons of black fly spraying experience: 7

FAA Medical Certificate: Class: Second

**Date of Exam:** 01/30/19

## **Pilot Information Form**

1. Personal Information							
a. Name (Last, first, middle initial)	b. Ho	ome telephone					
Green Thomas N					Type or print al	l information in ink.	
c. Home address	d. Cit	City, State, and Zip Code			Complete resume below. Return		
						igned form to Vector oject Coordinator. See	
e. PA Department of Agriculture Category 16	(Invertebrate	Pest Control) pe	esticide applic	ator's license number:	Contract Specifi	cations for name and	
					address.		
2. Emergency Contact							
a. Name	b. Address	, City, State, Zir	Code		c. Telephone	d. Relationship	
	same as abo	ove					
3. Employer Information (rela	ative to en	mnlovment	t on DEP	e Vector Mana	ramant nya aya		
a. Name of employer	b. Address,	City, State, Zip	Code	s vector iviana	c. Is employe	<u></u>	
Helicopter Applicators Inc	1670 York I	_				actor _X Subcontractor	
	oyer's PA De	partment of Agr	iculture's pest	icide application busine	ss license number:	· · · · · · · · · · · · · · · · · · ·	
Full-time Seasonal X BU2911		WY Lice				•	
	· · · · · · · · · · · · · · · · · · ·	Ann mid	Ci chandite	0362			
4. Airman Certificate Informa							
a. Type: b. Certificate n	umber: c.	Current instrun	nent rating?	d. Type ratings (inclu	ide heavy A/C type e. FAR Part 137 qua		
COMM_X ATP 189444897	es No	_X ratings):			Yes _X No		
5. Medical Information							
	of current me	edical certificate	: c. Limit				
<b>]</b>		SUICAL CELLILICALE	: C. Limii	zuons:			
2nd 9/16/18			must hav	ve glasses for near sight		<del></del>	
6. Experience/Training/Profic	iency						
a. Flight Experience as Pilot-In-Command (Hou		Total	Past 12	b. Has any previo	us approval been der	nied, suspended, or revoked	
All circums (1 000 have a second		-4900	Months 100	in Pennsylvania or	r on any state, federa	l, or other program?	
All aircraft (1,000 hours required)					in on reverse) No		
Night (10 hours required)		25	0	c. List any related	l schools or training s none, check here	sessions attended within the	
Type (rotary or fixed-wing) to be flown on co hours required)	ntract (500	4800	100	Helicopter Safety	Training 2018	PASS Safety Program	
Weight class (category) to be flown on contra- hours required)	ct (100	4800	100				
Make, model, and series to be flown on contra required)	ct (20 hours	3100	100				
Pesticide application in terrain typical of contr hours required)	act area (50	3700	100	_			
Takeoffs/landings at altitude typical of project loads similar to an average spray load (20 requ	uired)	10000+	500+				
Number of seasons of aerial spraying over terr of contract areas (2 required)	ain typical	17		d. Have you had a	ny aircraft accidents n on reverse) No X	within the past three years?	
e. Are you proficient in reading and navigating vand other scale topographic maps?	vith 7.5 minut	e quadrangle	f. A		use and operation of stems? SATLOC (Y	the aircraft's electronic	
Yes X No	_		g. N	umber of hours flown w	vith either in past 12	months: 100	

7. Resume (list recent agricultural aerial spraying experience by year)

Year	Agency/Location					
2018	Pa DEP-Blackfly	717-497-4606	Bell 206L3 OH58	Blackfly		
2018	Pa DEP-Gypsy Moth	717-783-0995	Bell 206L3	Gypsy Moth		
2017	WV Dept of Ag-Blackfly	304-541-5471	OH58	Blackfly		
2016-17	Crop Production Services Virginia	804-241-8118	Bell 206L3 OH58	Pine Release		
	*Include name and telephone. Application					

	THE BUT CHOOM		į	717 <b>-</b> 783-0995	Bell 206L3	Gypsy Moth
2017	WV Dept of Ag-Blackfly			304-541-5471	OH58	Blackfly
2016-17	Crop Production Services Virgin	ia	8	04-241-8118	Bell 206L3 OH58	Pine Release
	*Include name and te	lephone. Application	on will be rejected	if this infor	mation is not	provided.
	ilication					
hazards	that as an applicator pilot I an issance flight over each worki or obstructions to aircraft fligh	ng area, including assoc at. I further certify that	ciated turnaround area all statements made i	s, to identify a	nd locate all natu	ral or man-made
misrepre	esentation of information requ	ested will result in my p	prohibition from partic	cipation in the	current year's suj	ppression project.
	nomas N Green	2/15/19		rol	M.D.	शाहारि
Signatur	e of Pilot Applicant	Date	Attested to by	Employer		Date
9 Revi	ew. Vector Managemen	4 Duning A Classical				·
I have re	ew- Vector Management viewed the information provide	ded Based upon that we	ator (For DEP Us	se Only)		V-4 -4
specifica	nents for an aerial application in tions is as follows:  Meets requirements	pilot as set forth in DEP	view, my determinati 's Vector Manageme	on of the appli nt insect suppre	cant's complianc ession program c	e with the contract
-	Does not meet requirements.	If rejected, see explanat	tion below.			
		*				
		Signs	ature – Vector Manag	ement Project	Coordinator ]	Date
O. Rev	iew – Aircraft Operatio	ns Advisor (For Di	ED II O.L.			
I have re	viewed this information and a	m in agreement with the	e decision of the field	project coordi	noto-	
		and appropriate with the	e georgion of the Held	broleer coord	uator.	
		Sign	ature – Aircraft Oper	ations Advisor	<u>_</u>	Date
				<u>'</u>		
	T .	Ex	planations			
6b. Ex	planation of any previo te, federal, or other pro	us approval being	denied, suspende	d, or revok	ed in Pennsy	lvania or on
						·
			<u> </u>			
				·		··
6d. De	tails and explanation of	any aircraft accide	ents within last t	hree years.		
		·	Ŷ	<del></del>	· .	
				·	•	
11. Re:	ason(s) for rejection. (F	or DEP Use Only)				·
					·	
				<u>.</u>		
		<del></del>				

This document will serve as your West Virginia pesticide certification. Please print to carry with you or save on any electronic device. If you have any questions, please call our office at 304-558-2209 or visit the website: <a href="https://wvplants.wvda.us">https://wvplants.wvda.us</a>.

Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØHØQ and your Pin: 12566).

FOR USE ONLY IN CATEGORIES LISTED
WEST VIRGINIA CERTIFICATION

13E,14

Expires: 12/31/2019 Commercial Pesticide Applicator Thomas N. Green

Helicopter Applicators, Inc. 1670 York Road

1670 York Road Gettysburg PA 17325 Thomas N. Green

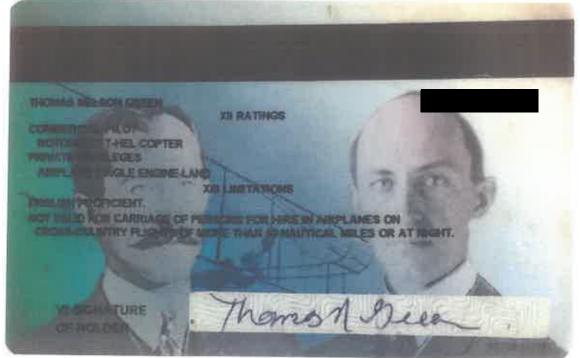
Continuing Education Credits Credits Credits
Credit Information Acquired Required Needed

13E-Black Fly Control 17 20 3 Due 12/31/2020 14-Aerial 0 0 0 Due 12/31/2020

AL+ALLIST

NOT TRANSFERABLE **AUTHORIZED REPRESENTATIVE** 





Federal Aviation Administration **MEDICAL CERTIFICATE SECOND CLASS** This certifies that (Full name and address): THOMAS Nelson GREEN Date of Birth Height Weight Hair Eyes Sex has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate. Must have available glasses for near vision. Limitations Date of Examination Examiner's Designation No. 09/28/2018 MICHAEL ZITTLE, DO AIRMAN'S SIGNATURE Applicant ID: FAA Form 850U-9 (3-12) Supersedes Previous Edition NSN: 0052-00-670-7002

Department of Transportation

### **Pilot Information Form**

1. P	Personal Inform	nation						
	Vame (Last, first, midd			Home telephone	-			·····
Mi	ller, Benjamin P.							information in ink.
c. I	Tome address		đ.	City, State, and Zi	p Code		Complete resum	e below. Return igned form to Vector
							Management Pro	oject Coordinator. See
e. P	A Department of Agri	culture Ca	tegory 16 (Invertebra	te Pest Control) pe	esticide applic	ator's license number:	Contract Specific address.	cations for name and
2. E	mergency Con	ntact						
a. N		<u> </u>	b. Addre	ess, City, State, Zi	p Code		c. Telephone	d. Relationship
	Same as above						-	
2 10			<del></del> -					
3. <u>K</u>	mployer Infor	mation	n (relative to e	mployment	on DEP's	Vector Manage		
		_	1	ss, City, State, Zip			c. Is employed	r: actor _X Subcontractor
	lelicopter Applicators, : s employment:	Inc.	e. Employer's PA I	k Rd., Gettysburg	PA 17325	icide application busine	se licence number	
Full	-time X Seasonal	i			-		ss nonse number.	
7 (31)	-unic_A_ Seasonal		BU2911	Wy Lice	<b>√</b> \$< ₹	U562	•	
	irman Certific	~						
a. 1	a. Type: b. Certificate number: c. Current inst				ment rating?	d. Type ratings (incli ratings):	ide heavy A/C type	e. FAR Part 137 qualified?
COI	COMM _ X ATP   3420248   Yes No.				_X		•	YesX No
			<u>-</u>	·		Rotorcraft - Helicopte	<del>3</del>	<u>.                                    </u>
	Iedical Inform	ation						
a. C			b. Date of current	medical certificat	e: c. Limi	tations:		
	Second		01/25/2019	· · ·	Must wear corrective Lenses			
6. E	xperience/Tra	ining/I	Proficiency					
	light Experience as Pilo			Total	Past 12			nied, suspended, or revoked
Δ1	l aircraft (1,000 hours	enavirad\	<u> </u>		Months	in Pennsylvania o	or on any state, federa	l, or other program?
-				1873.4	301.4		in on reverse) No _X	
Ni	ight (10 hours required	) 		22.8	0.9	last three years (i	a schools or training a f none, check here	sessions attended within the
	pe (rotary or fixed-wir	g) to be fl	own on contract (500	1873.4	301.4	PAAAS Program		
-	eight class (category) t	o be flown	on contract (100	1075,4	301.4			
	urs required)	to 1 - 21	1 1001	1873.4	301.4	Bell UH1H & 200	Training – Lon Wim 5L3	berly – Jan. 2018
rec	ake, model, and series quired)			1708.1	294.1			
Pe	sticide application in to urs required)	errain typic	cal of contract area (5	1504.4	301,4			
Ta	keoffs/landings at altit	ude typica	l of project area with		301.4			
loa	ads similar to an averag	e spray lo	ad (20 required)	7445	2652	J 77 1 - 5		tel to all the end of the end
of	contract areaș (2 requi	red)	- ,,	6		Yes(expla	in on reverse) No	
e. Ar	re you proficient in real ther scale topographic	ding and n maps?	avigating with 7.5 mi	inute quadrangle		Are you proficient in the racking and guidance sy	stems? SATLOC (Y	f the aircraft's electronic  Yes NoX) YesX_ No)
Yes_	X No				g. 1	Number of hours flown		

7. Resume (list recent agricultural aerial spraying experience by year) Year Agency/Location Contact Person\* Aircraft Pest 2015-WV Dept of Ag - Black Fly Suppression Bell 206/ Black Fly 2018 OH-58 2014-NJ DEP - Mosquito Control Bell 206/ Mosquito 2017 OH-58 Cleveland Museum of Natural History 2016-Bell 206/ Phragmites 2018 OH-58 Herbicide 2016-CPS (VA) - Forestry Herbicide Bell 206/ Forestry 2018 OH-58 Herbicide Grimmel Farms - Maryland 2014-Com Fungicide Bell 206/ 2018 OH-58 2016-PA DEP - Black Fly Suppression Bell 206/ Black Fly 2018 OH-58 \*Include name and telephone. Application will be rejected if this information is not provided. 8. Certification I certify that as an applicator pilot I am solely responsible for the safe operation of my aircraft. This includes making a reconnaissance flight over each working area, including associated turnaround areas, to identify and locate all natural or man-made hazards or obstructions to aircraft flight. I further certify that all statements made herein are true. I understand that any misrepresentation of information requested will result in my prohibition from participation in the current year's suppression project. Ben Miller 02/14/19 Kirk A. Martin Signature of Pilot Applicant Date Attested to by Employer 9. Review- Vector Management Project Coordinator (For DEP Use Only) I have reviewed the information provided. Based upon that review, my determination of the applicant's compliance with the requirements for an aerial application pilot as set forth in DEP's Vector Management insect suppression program contract specifications is as follows: Meets requirements Does not meet requirements. If rejected, see explanation below. Signature - Vector Management Project Coordinator Date 10. Review - Aircraft Operations Advisor (For DEP Use Only) I have reviewed this information and am in agreement with the decision of the field project coordinator. Signature - Aircraft Operations Advisor Date Explanations 6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or on any state, federal, or other program. N/A 6d. Details and explanation of any aircraft accidents within last three years. N/A

11. Reason(s) for rejection. (For DEP Use Only)



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Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØKBB and your Pin: 14431).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

1,3,6,9,13E,14

Expires: 12/31/2019 Commercial Pesticide Applicator			Benjami	n Mille	
Benjamin Miller Helicopter Applicators, Inc. 1670 York Road	Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
Gettysburg PA 17325	1-Agricultural Plant Pest Control	0	20	20	Due 12/31/2021
	3-Forest Pest Control	0	20	20	Due 12/31/2021
	6-Aquatic Pest Control	0	20	20	Due 12/31/2021
He to the	9-Pulle-Health 13E-Black Fly Control	0	20	20	Due 12/31/2021
, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13E-Black Fly Control	0	20	20	Due 12/31/2021
NOT	14-Aerlai	0	0	0	Due 12/31/2021

NOT TRANSFERABLE AUTHORIZED REPRESENTATIVE





l Departn	ent of	OF AMER Transpo dministration	rtation		3 B	_
M	EDIC	AL CE	RTIFIC	ATE SE	COND CI	LASS
This cer	lifies th	nat <i>(Full</i>	name and	address):	<del></del>	
BENJA	MIN I	Paul MII	LLER			
Date of	Birth	Height	Weight	Hair	Eyes	Sex
_						)n
Mu	st_wea	r correct	tive lenses			
Limitations						
Date of Ex 01/25/20				Examiner's i	Designation N	o. ·
Signa Eg Type	ature Navie	ZITTLE	Pad	Ha	De	<b>⊘</b> .
AIRMAN'S	SIGN		<u>.50 //</u>	P. Mr		
Applicant ID:			ersedes Previous	Control No.		

### CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days.
   (14CFR § 67.407)
- Comply with validity standards specified for firstsecond-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification.
   (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For international Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

## **Pilot Information Form**

1. Personal Information						
a. Name (Last, first, middle initial) b	. Home telephone		<del></del>			
Heffner, Brock, T				Type or print all	l information in ink.	
77. 77	. City, State, and Zi	in Code		Complete resume below. Return		
	. Oxfy, Ctato, and Zi	p code	i		igned form to Vector	
e. PA Department of Agriculture Category 16 (Inverteb	rata Part Control\	antialda a alt		Management Pro	oject Coordinator. See cations for name and	
The state of the s	rate rest Control) po	esticide applic	ator's license number:	address.	cations for name and	
2. Emergency Contact	_					
	lress, City, State, Zi	p Code	<del> </del>	c. Telephone	d. Relationship	
	, ,,			e. Telephone	d. Relationship	
					<u> </u>	
3. Employer Information (relative to	employmen	t on DEP	's Vector Manag	ement progra	ms)	
a. Name of employer b. Add	ress, City, State, Zip	Code		c. Is employed	r:	
Helicopter Applicators Inc. 1670 Ye	ork Rd, Gettysburg,	PA 17325		Primary contra	actor X Subcontractor	
d. Is employment:  e. Employer's PA	Department of Agr	iculture's pest	icide application busines	s license number:	<del></del>	
Full-time X Seasonal BU2911	WY Lie					
	700	VOC H-	0,36%	<del></del>		
4. Airman Certificate Information						
a. Type: b. Certificate number:	c. Current instrur	nent rating?	d. Type ratings (inclu	de heavy A/C type	e. FAR Part 137 qualified?	
COMM_X_ ATP 3421939	Yes No	X	ratings):		Yes X No	
			Rotorcraft - Helicopte	r		
5. Medical Information						
	nt medical certificate	c. Limi	tations:	<del></del>	<del></del>	
2 <sup>nd</sup> 06/04/18						
2 00/04/18	<u></u>	Must ha	ve available lenses that	correct for distant vis	ion	
6. Experience/Training/Proficiency						
a. Flight Experience as Pilot-In-Command (Hours)	Total	Past 12	b. Has any previo	us approval been den	nied, suspended, or revoked	
	2769	Months 356	in Pennsylvania or	on any state, federal	, or other program?	
All aircraft (1,000 hours required)		330	Yes (explain	n on reverse) No	<u>x_</u>	
Night (10 hours required)	100	4	c. List any related	schools or training s	essions attended within the	
Type (rotary or fixed-wing) to be flown on contract (50	0 2486	356	last three years (if	none, check here		
hours required)		355	NEAAA 2011,201	2,2013,2014, 2015,	2016,2017, 2018, 2019	
Weight class (category) to be flown on contract (100 hours required)	2486	356	Bell Ground School	ol & Flight - Feb. 20	18	
Make, model, and series to be flown on contract (20 ho	urs 2486	356		7 CO 1 115111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	
required)		330				
Pesticide application in terrain typical of contract area ( hours required)	50 2486	356				
Takeoffs/landings at altitude typical of project area with	3500+	500+	<del>-</del> -			
loads similar to an average spray load (20 required)	NO70	]				
Number of seasons of aerial spraying over terrain typica of contract areas (2 required)	al 8		d. Have you had a	ny aircraft accidents	within the past three years?	
e. Are you proficient in reading and navigating with 7.5 m	inute quadrangle	f A	Yes (explain re you proficient in the	on reverse) No		
and other scale topographic maps?	4	tr	acking and guidance sys	tems? SATLOC (Yo	es No <u>X</u> )	
			·	AgNav (Y	es X No	
Yes X No		g. N	umber of hours flown w	ith either in past 12 i	months: 300	

1

7. Resume (list recent agricultural aerial spraying experience by year) Year Agency/Location Contact Person\* Aircraft Pest 2010-18 Helicopter Applicators Inc/ Gettysburg PA Bell various 206/oh58/47/205 2011-18 Burlington Co. (NJ) Mosquito Control Bell 206/OH58 Mosquito 2011-14 Hudson Co. (NJ) Mosquito Control Bell 206/OH58 Mosquito 2012-18 PA DEP Bell 206/OH58 Black Fly \*Include name and telephone. Application will be rejected if this information is not provided. 8. Certification I certify that as an applicator pilot I am solely responsible for the safe operation of my aircraft. This includes making a reconnaissance flight over each working area, including associated turnaround areas, to identify and locate all natural or man-made hazards or obstructions to aircraft flight. I further certify that all statements made herein are true. I understand that any misrepresentation of information requested will result in my prohibition from participation in the current year's suppression project. Brock T. Heffner 02/13/19 Kirk A. Martin 02/13/19 Signature of Pilot Applicant Date Attested to by Employer Date 9. Review- Vector Management Project Coordinator (For DEP Use Only) I have reviewed the information provided. Based upon that review, my determination of the applicant's compliance with the requirements for an aerial application pilot as set forth in DEP's Vector Management insect suppression program contract specifications is as follows: Meets requirements Does not meet requirements. If rejected, see explanation below. Signature - Vector Management Project Coordinator Date 10. Review - Aircraft Operations Advisor (For DEP Use Only) I have reviewed this information and am in agreement with the decision of the field project coordinator. Signature - Aircraft Operations Advisor Date **Explanations** 6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or on any state, federal, or other program. N/A 6d. Details and explanation of any aircraft accidents within last three years. N/A 11. Reason(s) for rejection. (For DEP Use Only)

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Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØ14FQ and your Pin: 25502).

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WEST VIRGINIA CERTIFICATION

1,3,6,7,9,13E,14

Expires: 12/31/2019 Commercial Pesticion				Brock H		
Brock Heffner Helicopter Applicato		Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
1670 York Road Gettysburg PA 1732	25	1-Agricultural Plant Pest Control	0	20	20	Due 12/31/2021
		3-Forest Pest Control	0	20	20	Due 12/31/2021
		6-Aquatic Pest Control	0	20	20	Due 12/31/2021
	gat at	7-Richt of Way/Industrial	0	20	20	Due 12/31/2021
		9-Public Health	Ò	20	20	Due 12/31/2021
NOT	AUTHODISED DE	13E-Black Fly Control	0	20	20	Due 12/31/2021
TRANSFERABLE	AUTHORIZED RE	PREASENTATIVE	o o	0	0	Due 12/31/2021

TRANSFERABLE

### PILOT DOCUMENTS











NO PASSPORT INFORMATION ON FILE

De	IITED STATES epartment o	f Transpo	rtation			
	MEDIC	CAL CE	RTIFIC	CATE SE	COND CL	.ASS
Th	is certifies t	that <i>(Full</i>	name and	i address):		
BI	ROCK The	mas HE	FFNER			
Dε	ate of Birth	Height	Weight	Hair	Eyes	Sex
			-			_
Limitations	Must we	or this clas	s of Medi	cal Certifica		
	of Examinat 04/2018	ion			Designation No	).
Examiner	Signature/ Typed Marm MICHAET	ZITTLE	nef ,DO	0000126		do-
	ant ID:	agold 0	N/C-			

CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate, (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for firstsecond-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification.
   (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.



AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300 FAA Civil Aerospace Medical Institute Mike Monroney Aeronautical Center P.O Box 26080

.....Fold Here

Oklahoma City, OK 73125-9914

**BROCK Thomas HEFFNER** 

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

### **Pilot Information Form**

1. Personal Inform		n,							
a. Name (Last, first, middle	initial)	b	. Home to	lephone				<u> </u>	
Riley, Daniel J.								information in ink.	
c. Home address		đ	. City, Sta	ate, and Zip	Code	<del> </del>		e below. Return igned form to Vector	
8 Springwood T							Management Pr	oject Coordinator. See	
e. PA Department of Agricul	ture Car	tegory 16 (Inverteb	rate Pest (	Control) per	sticide applica	ator's license number:		cations for name and	
							address.		
2. E	, ,				<del>.</del>				
2. Emergency Con	tact	l b Add	imaga Citus	, State, Zip	0-1-			(	
				, State, Zip	Code		c. Telephone	d. Relationship	
		Same a	s above		<del></del>	· · ·	Same		
3. Employer Information	matio	n (relative to	o empl	ovment	on DEP	s Vector Manag	ement progra	ma)	
a. Name of employer	-	b. Add	ress, City,	State, Zip	Code	D 1 00to1 11tana,	c. Is employe		
Helicopter Applicators, Inc		1670 Y	ork Road.	Gettysburg	g, PA 17325		Primary contr	actor _X Subcontractor	
d. Is employment:		e. Employer's PA	Departm	ent of Agri	culture's pest	cide application busine	ss license number:	·· <u> </u>	
Full-time X Seasonal BU2911 WV Lice					د# OS6	2			
4. Airman Certific	ate Tr	ıformation							
a. Type:		rtificate number:	c. Curr	ent instrum	nent rating? d. Type ratings (include heavy A/C type e. FAR Part 13				
COMM X ATP	30472	225	Vec	No_X		ratings):	,	1	
	50472		153			Rotorcraft		YesX No	
5. Medical Informa	ation							.,	
a. Classification:	ши	b. Date of curre	nt medical	certificate	: c. Limit	ations:	<del> </del>		
Second		02/13/19							
					Glasses		<u>,</u>		
6. Experience/Trai	ning/	Proficiency							
a. Flight Experience as Pilot-I	n-Comr	nand (Hours)		Total	Past 12 Months		ous approval been der r on any state, federa	nied, suspended, or revoked	
All aircraft (1,000 hours req	uired)		-				(4)		
			13	1125	540		in on reverse) No	Xsessions attended within the	
Night (10 hours required)		<u> </u>	85	<u> </u>	0		none, check here		
Type (rotary or fixed-wing) hours required)	to be flo	own on contract (5		350	540	NEAAA Confere	mce.		
Weight class (category) to b	e flown	on contract (100	12	330	340	1	S Safety Program		
hours required)		•	82	20	540				
Make, model, and series to I required)	e flown	on contract (20 ho	ours 82	20	540				
Pesticide application in terrain typical of contract area (50						$\dashv$		.0	
hours required) Takeoffs/landings at altitude	laniant a	of arolest area	76	70	540	_			
loads similar to an average s	pray los	d (20 required)	22,	,400	2000+				
Number of seasons of aerial of contract areas (2 required		g over terrain typic	al 31					within the past three years?	
e. Are you proficient in readin	g and na	wigating with 7.5 i	ninute qua	adrangle	f. A		n on reverse) No	X The aircraft's electronic	
and other scale topographic ma	ps?		-	_		acking and guidance sy	stems? SATLOC (Y	es _X No)	
Von V ht-								es X No	
Yes X No				•	or N	umber of house flowers	with either in next 17	months: 540	

7. Resume (list recent agricultural aerial spraying experience by year) Year Agency/Location Contact Person\* Aircraft Pest 2002-19 PA DEP Bell 206 /OH58 Black Fly 2005-19 CPS, Southern VA Bell 206 /OH58 Herbicide 2012-19 WV Dept of Ag Bell 206 / OH58 Black Fly \*Include name and telephone. Application will be rejected if this information is not provided. 8. Certification I certify that as an applicator pilot I am solely responsible for the safe operation of my aircraft. This includes making a reconnaissance flight over each working area, including associated turnaround areas, to identify and locate all natural or man-made hazards or obstructions to aircraft flight. I further certify that all statements made herein are true. I understand that any misrepresentation of information requested will result in my prohibition from participation in the current year's suppression project. Daniel J. Riley 02/13/2019 Kirk A. Martin 02/ 13/19 Signature of Pilot Applicant Date Attested to by Employer Date 9. Review-Vector Management Project Coordinator (For DEP Use Only) I have reviewed the information provided. Based upon that review, my determination of the applicant's compliance with the requirements for an aerial application pilot as set forth in DEP's Vector Management insect suppression program contract specifications is as follows: Meets requirements Does not meet requirements. If rejected, see explanation below. Signature - Vector Management Project Coordinator Date 10. Review - Aircraft Operations Advisor (For DEP Use Only) I have reviewed this information and am in agreement with the decision of the field project coordinator. Signature - Aircraft Operations Advisor Date **Explanations** 6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or on any state, federal, or other program. None 6d. Details and explanation of any aircraft accidents within last three years. None 11. Reason(s) for rejection. (For DEP Use Only)

This document will serve as your West Virginia pesticide certification. Please print to carry with you or save on any electronic device. If you have any questions, please call our office at 304-558-2209 or visit the website: <a href="https://wvplants.wvda.us">https://wvplants.wvda.us</a>.

Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØHØP and your Pin: 12565).

FOR USE ONLY IN CATEGORIES LISTED
WEST VIRGINIA CERTIFICATION

3,13E,14

Expires: 12/31/2019 Commercial Pesticide Applicator Daniel J. Riley

Helicopter Applicators, Inc. 1670 York Road Gettysburg PA 17325 Continuing Education Credits Acquired Credits Required Credits Needed

3-Forest Pest Control 38 20 0 Due 12/31/2019 13E-Black Fly Control 33 20 0 Due 12/31/2019 14-Aerial 0 20 20 Due 12/31/2019

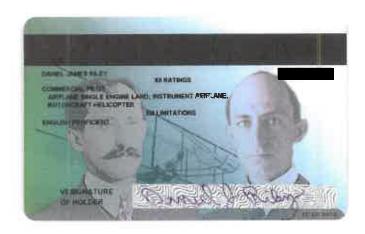
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NOT TRANSFERABLE **AUTHORIZED REPRESENTATIVE** 

UNITED STATES	OF AMER	ICA	2
DANIEL DAMES RILEY	1		
IS NATIONALITY USA	MENO MENO	SHT WEIGHT HAIR	EYES
II IMA SIEN POIND TO ME PERFECUENCE	TOL MEXES	THE PRIMERISES	DF
x pare of made	25 NOV 201		i
ve See	MINATON.	(Breed)	

2

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UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration MEDICAL CERTIFICATE SECOND CLASS This certifies that (Full name and address): DANIEL James RILEY 8 Springwood tr Fairfield PA 17320 USA Date of Birth Height Weight Eyes nas met the medical standards prescribed in part o7, rederal Aviatio Regulations, for this class of Medical Certificate. Must wear corrective lenses. Limitations Date of Examination Examiner's Designation No. 02/13/2019 000012699 Signature MICHAEL ZITTLE, DO AIRMAN'S SIGNATURE NSN: 0052-00-670-7002 FAA Form 8500-9 (3-12) Supersades Previous Edition

1. Personal Information	
a. Name (Last, first, middle initial) b. Home telephone	
Martin, Glenn A. Type or print all information in is	ık.
C. Home address Complete resume below. Return	_
d. City, State, and Zip Code completed and signed form to Ve	tor - See
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number. Contract Specifications for name	
address.	
2. Emergency Contact	
b. Address, City, State, Zip Code c. Telephone d. Relation	ship
Same as above Same as above	
3. Employer Information (relative to apple was a property of the property of t	
3. Employer Information (relative to employment on DEP's Vector Management programs)  a. Name of employer  b. Address, City, State, Zip Code  c. Is employer	
Primary contractor X Subcontr	ictor
Helicopter Applicators, Inc. 1670 York Road, Gettysburg, PA 17325  d. Is employment:  e. Employer's PA Department of Agriculture's pesticide application business license number:	
1 mm - 1 mm	
Full-time X Seasonal BU2911 WW License # 0562	
4. Airman Certificate Information	
a. Type: b. Certificate number: c. Current instrument rating? d. Type ratings (include heavy A/C type e. FAR Part 137 q	ualified?
COMM_X_ ATP 1911744	
ASEL, Rotorcraft,	
5. Medical Information	
a. Classification:  b. Date of current medical certificate:  c. Limitations:	
Second 10/12/2018 Possess Glasses	
a youth distribution	
6. Experience/Training/Proficiency	
a. Flight Experience as Pilot-In-Command (Hours)  Total  Past 12  Months  b. Has any previous approval been denied, suspended, or re in Pennsylvania or on any state, federal, or other program?	voked
All aircraft (1,000 hours required)	
17710 105 Yes (explain on reverse) No _X	
674 2 last three years (if none, check here	m me
Type (rotary or fixed-wing) to be flown on contract (500	
Weight class (category) to be flown on contract (100 Feb. 2002, 2003, 2004, 2006, 2007, 2008, 2009, 2010, 2014, 201	5
hours required) 6400 50	
Make, model, and series to be flown on contract (20 hours required)  NAMA Contended (Harnsburg, PA & Dover, DE) 2002-2019 PAAAS Safety Program	
Pesticide application in terrain typical of contract area (50	
hours required) 6325 105 Takeoffs/landings at altitude typical of project area with	
loads similar to an average spray load (20 required)   13500 +   500 +	
Number of seasons of aerial spraying over terrain typical d. Have you had any aircraft accidents within the past three	years?
e. Are you proficient in reading and navigating with 7.5 minute quadrangle   f Are you proficient in the use and operation of the siterative electrons.	ric
and other scale topographic maps?   tracking and guidance systems? SATLOC (Yes No)  AgNav (Yes _X No)	)
Agnay (res_A No	

	Agency/L	ocation	experience by year)  Contact Person*	Aircraft	Pest
2003-07	DE Mosq. Control				
2000-11	PA DEP			Bell 206 Bell 205/206	Mosquito
2000-14	PA DEP		700		Black Fly
2000-17	PA DEP			Bell 205/206	Black Fly
				Bell 205/206	Black Fly
	\$T. 1. 7. 1. 1				
. Cert	ification	phone. Application	on will be rejected if this inform	nation is not p	ovided.
Gle Signatur Revi	nn A. Martin e of Pilot Applicant ew- Vector Management	02/13/19 Date	Attested to by Employer  ator (For DEP Use Only)  wiew, my determination of the applic	02/12	3/19 Date
;	tions is as follows: Meets requirements Does not meet requirements. If	rejected, see explanat	ion below.		
		Sign	ature - Vector Management Project (	Coordinator Da	ıte
. Rev	iew – Aircraft Operation	s Advisor (For D	ature – Vector Management Project (		ute
have re	iew – Aircraft Operations viewed this information and am	s Advisor (For D	ature - Vector Management Project C		ute
. Revi	iew — Aircraft Operation viewed this information and am	s Advisor (For D in agreement with th	ature — Vector Management Project C EP Use Only) e decision of the field project coordin	ator.	
. Revi	iew — Aircraft Operation viewed this information and am	s Advisor (For D in agreement with th	ature – Vector Management Project (		
. Revi	iew — Aircraft Operation viewed this information and am	s Advisor (For D in agreement with th	ature — Vector Management Project C EP Use Only) e decision of the field project coordin	ator.	
b. Ex	viewed this information and am	s Advisor (For D in agreement with th Sign Ex	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Afteraft Operations Advisor	Da	te
b. Ex	viewed this information and am	s Advisor (For D in agreement with th Sign Ex	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Afteraft Operations Advisor planations	Da	te
b. Ex	viewed this information and am	s Advisor (For D in agreement with th Sign Ex	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Afteraft Operations Advisor planations	Da	te
b. Exny sta	viewed this information and am planation of any previous te, federal, or other prog	s Advisor (For D in agreement with th Sign Ex s approval being ram.	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Aircraft Operations Advisor planations denied, suspended, or revoke	Da	te
b. Exny sta	viewed this information and am planation of any previous te, federal, or other prog	s Advisor (For D in agreement with th Sign Ex s approval being ram.	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Afteraft Operations Advisor planations	Da	te
b. Exny sta	viewed this information and am planation of any previous te, federal, or other prog	s Advisor (For D in agreement with th Sign Ex s approval being ram.	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Aircraft Operations Advisor planations denied, suspended, or revoke	Da	te
b. Exmy sta	viewed this information and am planation of any previous te, federal, or other prog	s Advisor (For D in agreement with th Sign Ex s approval being ram.	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Aircraft Operations Advisor planations denied, suspended, or revoke	Da	te
b. Exny sta	viewed this information and am planation of any previous te, federal, or other prog	s Advisor (For D in agreement with th Sign Ex s approval being ram.	ature — Vector Management Project C EP Use Only) e decision of the field project coordin ature — Aircraft Operations Advisor planations denied, suspended, or revoke ents within last three years.	Da	te

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Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØFMN and your Pin: 11528).

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WEST VIRGINIA CERTIFICATION

1,3,6,13E,14

Expires: 12/31/2019

Commercial Pesticide Applicator

Glenn A. Martin

Helicopter Applicators, Inc.

1670 York Road

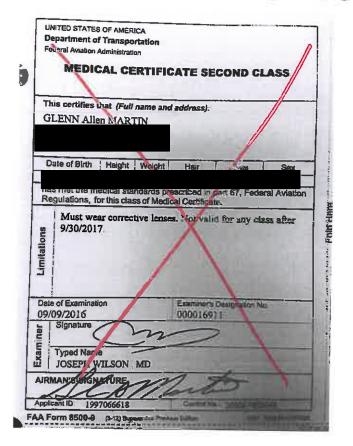
Gettysburg PA 17325

Glenn A. Martin

Credit Information	Credits Acquired	Credits Required	Credits Needed	
1-Agricultural Plant Pest Control	37	20	0	Due 12/31/2019
3-Forest Pest Control	42	20	0	Due 12/31/2019
6-Aquatic Pest Control	35	20	0	Due 12/31/2019
13E Back Fly Control	0	20	20	Due 12/31/2021
14-Aerial	0	20	20	Due 12/31/2019

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## PILOT DOCUMENTS









NO PASSPORT INFORMATION ON FILE

NO IMAGE ON FILE

UNITED STATES OF AUGRICA Department of Transportation Fedoral Anies in Agentistration MEDICAL CERTIFICATE SECOND CLASS This certifies that (Full name and address): GLENN Alles MARTIN Date of Birth Helight Weight Gyes Sex Regulations, for this class of Medical Certificate Must wear corrective lenses for near and distant vision. Notvalid for any class after 10/31/2019. Oato of Examination 10/12/2018 Signature Typed Nature Cold H. 683 David O'Brien . MD AIRMAN'S SIGNATURE Applicant ID: 1997/54618 240008405656 FAA Form 8500-9 2 12 species freeze Estros KING PROPERTY STUTION

#### CONDITIONS OF ISSUE

The holder of this certificate must

- Have II in his or her personal possession at all times
  white exercising privileges of an airman certificate.
  (14CFR § 81.3)
   Understand that the issuance of a medical certificate
  by an Aviation Medical Examiner may be reversed by
  the FAA within 60 days.
  (14CFR § 87.407) (14CFR § 67.407)
- (14CFR § 67.407)

  Comply with validity standards specified for first-second, and third-class medical certificates.

  (14CFR § 61.23)

  Comply with any statement of functional, operational, and/or time limitation resured as a condition of certification.

  (14CFR § 67.401)

  Comply with the standards relating to prohibitions on operation during medical deficiency.

  (14CFR § 61.53, 63.19, and 65.49)

For international Operations Only: Some holders may be affected by certain internetional modical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Arass 1 medical standards.

1. Personal Inform		1								
a. Name (Last, first, middle i	nitial)	Ь	. Hom	e telephone		-				
Rudisill, Daniel J.								pe or print all		
c. Home address		d	. City,	State, and Zip	Code			mplete resum npleted and si		
							Ma	inagement Pro	ject Co	ordinator. See
e. PA Department of Agricul	ture Cat	egory 16 (Inverteb	rate Pe	est Control) pes	sticide applica	ator's license number:		ntract Specific Iress.	cations	or name and
							L			···
2. Emergency Con	tact									
a. Name		Ъ	. Ad	idress, City, St	ate. Zip Code			c. Telephone		d. Relationship
3. Employer Inform	natio	n (relative to	o em	ployment	on DEP	's Vector Manas	gem	ent progra	ms)	
a. Name of employer		b. Add	ress, C	ity, State, Zip	Code		5	c. Is employer	r:	
Helicopter Applicators, Inc		1670 Y	ork Ro	ad, Gettysburg	, PA 17325			1	ictor_X_	_Subcontractor
d. Is employment:		e. Employer's PA	Depar	rtment of Agri	culture's pest	icide application busine	ss lic	ense number:		
Full-time X Seasonal		BU2911	WY	License	-#-05	62				
4. Airman Certific	ate In	ıformation								· · · · · · · · · · · · · · · · · · ·
a. Type:	b. Cer	rtificate number:	c. C	Current instrum	ent rating?	d. Type ratings (inch	ude h	eavy A/C type	e. FAF	R Part 137 qualified?
COMM_X_ ATP	27711	160	Yes	No _X	<u> </u>	ratings):			Yes	X No
<u> </u>	<u> </u>	<u> </u>			-	ASEL, Rotorcraft,				
5. Medical Informa	tion									
a. Classification:		b. Date of curre	nt med	ical certificate:	c. Limi	tations:			•	- · · · · · · · · · · · · · · · · · · ·
Second		01/30/20			Lenses A	Available				
6. Experience/Train	ning/	Proficiency				· · · · · · · · · · · · · · · · · · ·				
a. Flight Experience as Pilot-I	n-Comn	nand (Hours)		Total	Past 12 Months	1 pro				ended, or revoked program?
All aircraft (1,000 hours req	uired)		i	12000	300	Yes (expla	in on	reverse) No	x	
Night (10 hours required)					_	c. List any related	d sch	ools or training s	essions a	ttended within the
Type (rotary or fixed-wing)	to be flo	own on contract (5)	20	320	5	last three years (if	none	e, check here	)	
hours required)				12000	300	MD500E Factory	Trair	ning — 3/2006		
Weight class (category) to be hours required)				6010	300	Bell Helicopter G	rourne	1 and Flight Sch	noi (ĭan 1	(0100 cell) (2010)
Make, model, and series to be required)			Ì	6010	300	NEAAA Conferen			(Jan. 2	2014) (Jan. 2018)
Pesticide application in terra hours required)				5000	200	2008-2019 PAAA				
Takeoffs/landings at altitude loads similar to an average s	pray loa	d (20 required)		20000+	500 +					
Number of seasons of aerial of contract areas (2 required)	)			24				ircraft accidents reverse) No		e past three years?
e. Are you proficient in reading and other scale topographic ma	g and na ps?	vigating with 7.5 r	ninute	quadrangle		are you proficient in the racking and guidance sy	use :	and operation of	the aircra	No
Yes_X No					g. N	Jumber of hours flown a	with a			50

Year	A con out				1 -
2005-	PA DEP Agency/	Location	Contact Person*	Aircraft	Pest
2018				Bell 206/Bell 205	Black Fly
2005	WV Dept. of Ag		·	Bell 206	Black Fly
2006-	Pennsylvania DCNR		<del></del>	Bell 206	Gypsy Moth
2017	<del></del>			Bell 200	Cypsy Mour
	ALT THE				
. Certi	*Include name and tel	lephone. Application	on will be rejected if this inform	nation is not p	rovided.
certify	that as an applicator pilot I am	solely responsible for	the safe operation of my aircraft. Th	is includes makin	g a
CCOMMI	ssauce mgnt over each working	12 area, including assoc	isted furnaround areas, to identify an	d locate all notive	ol or man made
cozer us (	w organications to stretste in bu	it. I further certify that	all statements made herein are true.  rohibition from participation in the c	I understand that	OME
		stod with result in my p	· •	urrent year's supp	ression project
	Dan Rudisill of Pilot Applicant	02/14/19	Kirk A. Martin	02/14/1	<del></del>
ignarme	of Phot Applicant	Date	Attested to by Employer	<u>.</u>	Date
Revie	w- Vector Managemen	t Project Coordina	ator (For DEP Use Only)		
nave rev	newed the information provid	led. Based upon that re	view my determination of the applic	ant's compliance	with the
edan em	ente tot an actiai abblication b	oilot as set forth in DEP	's Vector Management insect suppre	ssion program co	ntract
heomical	ions is as follows: Meets requirements				
1	Does not meet requirements. 1	(frejected, see explanat	ion below.		
		•			
		Sign	ature – Vector Management Project (	Coordinator D	ate
D	A: 0:0			<u> Doordinator</u> Di	410
have res	ew - Aircraft Operation	ns Advisor (For D	EP Use Only)		
Have Ie	viewed this information and ar	m in agreement with the	e decision of the field project coordin	nator.	
		Sign	ature - Aircraft Operations Advisor	Da	ite
		***			
		<u>Ex</u>	<u>planations</u>		
h Fw	alamatian of any music	77			
nv etai	te, federal, or other pro	us approval being	denied, suspended, or revoke	ed in Pennsylv	ania or on
uy stat	e, rederal, or other pro-	gram.			
[/A					
/A.				<del></del>	
J D 4	77. 7 7 4				
a. Det	alls and explanation of	any aircraft accide	ents within last three years.		
	100				
				<del></del> -	
					<del>:</del>
l. Rea	son(s) for rejection. (F	or DEP Use Only)		-	
				<del></del>	



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Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØHØM and your Pin: 12563).

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WEST VIRGINIA CERTIFICATION

3,13E

Expires: 12/31/2019
Commercial Pesticide Applicator
Daniel Rudisiil
Helicopter Applicators, Inc.

1670 York Road Gettysburg PA 17325 Continuing Ed

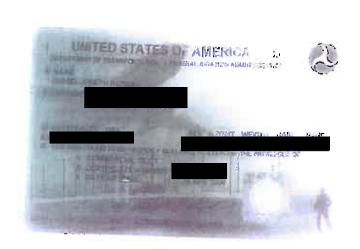


Continuing Education	Credits	Credits	Credits
Credit Information	Acquired	Required	Needed
	•		

3-Forest Pest Control	16	20	4	Due 12/31/2020
13E-Black Fly Control	0	20	20	Due 12/31/2021

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Departmer	TES OF AMERIC It of Transport ion Administration	ation	·		·			
ME	DICAL CER	TIFIC/	ATE SE	COND C	LASS			
This certific	es that <i>(Full na</i>	ame and a			<del>.</del>	-		
	Joseph RUDI		·					
Date of Bir	h Height	Weight	Hair	Eyes	Sex	1		
Regulations	necical stark s, for this class have available	of Medica	al Certificat	te.	eral Aviation			
Date of Exam 01/04/2019 Signatu	lame AEL ZITTLE,	Paef	Examiner's 00001265	Designation N	lo.			
Applicant ID:	Ja/		Control No.	).:				

1. Personal Inform	ation							
a. Name (Last, first, middle i	nitial)	ъ	. Hor	ne telephone		-		······································
Redding, Brian J.								information in ink.
c. Home address		. d	. City	, State, and Zip	Code		Complete resum completed and si	gued form to Vector
								oject Coordinator. See
e. PA Department of Agricul	ture Cate	gory 16 (Invertet	rate P	est Control) pes	ticide applic	ator's license number:	address.	cations for name and
2. Emergency Con	tact							
a. Name		b. Ad	dress,	City, State, Zip	Code		c. Telephone	d. Relationship
		Same :	as abo	ve				
3. Employer Inform	mation	n (relativa t	0 077	nnlorment	on DED	o Mana		
3. Employer Information a. Name of employer	шанол	b. Add	iress,	City, State, Zip	Code	s vector Mana	c. Is employed	
Helicopter Applicators, Inc		1670 Y	ork R	oad, Gettysburg	PA 17325		Primary contra	actor _X Subcontractor
d. Is employment:		e. Employer's P	A Dep	artment of Agri	culture's pest	icide application busine	ess license number:	
Full-time X Seasonal	;	BU2911 . 🕨	<b>J</b> V	Liconset	4 056	<b>a</b>		
4. Airman Certific	ota Tri	formation					-	
a. Type:		ificate number:	) c.	Current instrum	ent rating?	d. Type ratings (incl	ude heavy A/C type	e. FAR Part 137 qualified?
COMM X ATP	346162	26		s No_X	•	ratings):		YesX No
					<u> </u>	ASEL, Rotorcraft,		165_X 160
5. Medical Informa	ation							
a. Classification:		b. Date of curre	nt me	dical certificate	c. Limi	tations:		····
Second		03/07/18			Correct	ive Lenses		
6. Experience/Trai	nina/F	Proficiency						
a. Flight Experience as Pilot-l				Total	Past 12		ous approval been der	nied, suspended, or revoked
				10111	Months	in Pennsylvania o	or on any state, federa	l, or other program?
All aircraft (1,000 hours rec	uired)			6837	371		in on reverse) No	
Night (10 hours required)				68	3	c. List any relate last three years (i	d schools or training : f none, check here	sessions attended within the
Type (rotary or fixed-wing) hours required)	to be flor	wn on contract (5	00	6737	100	Bell Ground Scho		
Weight class (category) to b	e flown c	on contract (100			100			,2009,2010,2014,2018
hours required)	ha flarra			6371	371			sburg, PA & Dover, DE)
Make, model, and series to required)				6371	371	PAAAS Safety Pa	rogram	
Pesticide application in terra hours required)	in typica	I of contract area	(50	4177	71			
Takeoffs/landings at altitude	typical o	of project area wi	th			_		
loads similar to an average s Number of seasons of aerial			cal	14,000 +	2000+	d. Have you had	any aircraft accidents	within the past three years?
of contract areas (2 required e. Are you proficient in readin	)			20	<u> </u>	Yes (expla	in on reverse) No	x
and other scale topographic ma	ibs; sng us.	C.\ miw gmusgiv	minut	e quadrangle		Are you proficient in the racking and guidance sy	ystems? SATLOC (Y	f the aircraft's electronic  (es No)
		\$		Ì				/es_X No)
Yes_X No					g. ]	Number of hours flown	with either in past 12	months: 71

7. Res	ume (list recent agricultural	l aerial spraying exper	ience by year)		
Year	Agency/Lo		Contact Person*	Aircraft	Pest
2003-07	DE Mosq. Control			Bell 206	Mosquito
2002-17	PA DEP			Bell 206/205/204	Black Fly
2002-14	PA DEP			Bell 206/205/204	Black Fly
2002-07	Burlington Co.(NJ) Mosq. Control			Bell 206	Mosquito
2002-07	Bergen Co.(NJ) Mosq. Control	<u> </u>		Bell 206	Mosquito
8. Certi	*Include name and telep	hone. Application wil	ll be rejected if this inform	ation is not pro	ovided.
I certify reconnai hazards of misrepre  Signature  9. Revie  I have reprequirem specificate	that as an applicator pilot I am so scance flight over each working a probstructions to aircraft flight. It sentation of information requested Brian J. Redding of Pilot Applicant  The Vector Management Priewed the information provided ents for an aerial application pilotions is as follows:  Meets requirements  Does not meet requirements. If respectively.	irea, including associated to a second the second that all start discount in my prohibit02/18/19	tements made herein are true. I tion from participation in the curve.  Kirk A. Martin  Attested to by Employer  For DEP Use Only)  my determination of the applicator Management insect suppress	locate all natura understand that a rrent year's suppr02/18/19nt's compliance v sion program con	l or man-made my ession project.  Date  with the tract
I have re	ew – Aircraft Operations viewed this information and am is	Advisor (For DEP Un agreement with the decise	se Only) ion of the field project coordina	tor.	
		Signature -	- Aircraft Operations Advisor	Dat	e
6b Fr	lanation of any	Explana	<del></del>		
any sta	planation of any previous te, federal, or other progra	approval being denie	d, suspended, or revoked	l in Pennsylva	ania or on
N/A					
11/23		<del></del>		<del></del>	<del> </del>
				<u></u>	<del>_</del>
6d. Det	ails and explanation of an	y aircraft accidents v	vithin last three years.		
N/A		3.5			
17/23	<del></del>				
11. Rea	son(s) for rejection. (For	DEP Use Only)			··· <u> </u>
					<del></del> -

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Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØHHA and your Pin: 13002).

FOR USE ONLY IN CATEGORIES LISTED
WEST VIRGINIA CERTIFICATION

3,13E

Expires: 12/31/2019
Commercial Pesticide Applicator
Brian J. Redding
Helicopter Applicators, Inc.

1670 York Road Gettysburg PA 17325 Continuing Education

Brian J. Redding

Continuing Education Credits Credits Credits
Credit Information Acquired Required Needed

3-Forest Pest Control 16 20 4 Due 12/31/2020 13E-Black Fly Control 33 20 0 Due 12/31/2020

Hat a talent

NOT TRANSFERABLE **AUTHORIZED REPRESENTATIVE** 





UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration MEDICAL CERTIFICATE SECOND CLASS This certifies that (Full name and address): BRIAN Joseph REDDING Date of Birth | Height | Weight Hair Eves has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate. Must wear corrective lenses. Limitations Date of Examination Examiner's Designation No. 03/07/2018 000012699 MICHAEL ZITTLE, DO AIRMAN'S SIGNATURE Applicant ID: Control No. FAA Form 8500-9

CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- · Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- · Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- · Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.

AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300 **FAA Civil Aerospace Medical Institute** Mike Monroney Aeronautical Center P.O Box 26080 Oklahoma City, OK 73125-9914

NSN: 0052-00-670-7002

"""Fold'Here

(Cut on dashed line)

BRIAN Joseph REDDING

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

1. Personal Informati	on				9	
a. Name (Last, first, middle initial)	) b.	Home telephone		·		
Racey, Gerald L.		•				l information in ink.
c. Home address	d.	City, State, and Z	ip Code			e below. Return
					Completed and s	igned form to Vector oject Coordinator. See
c. FA Department of Agriculture C	lategory 16 (Invertebr	ate Pest Control) p	esticide applica	tor's license number	Contract Specifi	cations for name and
				- Transament	address.	
2. Emergency Contact			- 2			
a. Name	b. Addı	ress, City, State, Zi	ip Code		c. Telephone	d. Relationship
	Same as	above			Same as above	·
3. Employer Informati	ion (relative to	employmen	t on DED!	- X/octo- ) (		,a. A.,
a. Name of employer	b. Addr	ess, City, State, Zij	D Code	s vector ivianaş	c. Is employe	ms)
Helicopter Applicators, Inc.					Primary contra	actor_XSubcontractor
d. Is employment:	e. Employer's PA	rk Road, Gettysbur Department of Ag	rg, PA 17325 riculture's pestic	cide application busine	ss license unmber	<del></del>
Full-time Seasonal X	1	JV License			os mouso manota,	
4. Airman Certificate					-	
	ertificate number:	c. Current instru	ment rating?	d. Type ratings (inclu	ide heavy A/C type	e. FAR Part 137 qualified?
COMM X 199	2804	Yes No	- 1	ratings):	ate neary Are type	-
		100	<u>~</u>	Rotorcraft		Yes X No
5. Medical Information						
	b. Date of current	medical certificat	e: c. Limit	ations:		
Second	08/15/2018		Correctiv	e Lenses		
6. Experience/Training	Proficiency			•		•
a. Flight Experience as Pilot-In-Com		Total	Past 12	b. Has any previo	us approval been den	ied, suspended, or revoked
All aircraft (1,000 hours required)			Months	in Pennsylvania o	r on any state, federal	, or other program?
		13589	16		n on reverse) No	
Night (10 hours required)		960	3	c. List any related last three years (if	schools or training s none, check here	essions attended within the
Type (rotary or fixed-wing) to be f hours required)	lown on contract (500	6900	16	Bell Ground Schoo		_
Weight class (category) to be flow hours required)	on contract (100	6900	16	Feb. 2002, 2003,20	004,2006,2007,2008,	
Make, model, and series to be flow required)	n on contract (20 hou		16	NEAAA Conferen 2002-2018 PAAAS	ce – Harrisburg, PA o S Safety Program	& Dover, DE
Pesticide application in terrain typi hours required)	cal of contract area (5	0		7		
Takeoffs/landings at altitude typica	l of project area with	1650	6	-		
loads similar to an average spray lo	ad (20 required)	33400+	20			
Number of seasons of aerial sprayir of contract areas (2 required)		36	8876		ny aircraft accidents on reverse) No _X	within the past three years?
e. Are you proficient in reading and n and other scale topographic maps?	avigating with 7.5 mi	nute quadrangle	f. Ar		use and operation of stems? SATLOC (Ye	the aircraft's electronic
Yes X No					AgNav (Yo	s_X No)
			g. Nu	mber of hours flown w	ath either in past 12 i	nonths: 16

Year	Agency/Location	cperience by year)  Contact Person*	Aircraft	Pest
015-18	West Virginia Dept of Ag	Contact I GISON		
002-16	Burlington Co.(NJ) Mosq. Control		Bell 206	Black Fly
04-17	PA DEP	<del>-  </del>	Bell 206	Mosquito
	PADEP		Bell 206	Black Fly
02-15	Bergen Co.(NI) Mosq. Control		Bell 206	Mosquito
02-16	NJ Mosq. Control		Bell 206	Mosquito
Certi	*Include name and telephone. Application	will be rejected if this inform	nation is not pr	ovided.
Gegnature Revie ave revierence cificat	ssance flight over each working area, including associator obstructions to aircraft flight. I further certify that all sentation of information requested will result in my progradd L. Racey  O2/16/2019  c of Pilot Applicant  Ozer Management Project Coordinate viewed the information provided. Based upon that reviewents for an aerial application pilot as set forth in DEP's ions is as follows:	kirk A. Martin  Attested to by Employer  Or (For DEP Use Only)	I understand that aurrent year's supp	any ression proj — 2/16 Date
	Meets requirements  Ooes not meet requirements. If rejected, see explanation	ı below.		
I	Does not meet requirements. If rejected, see explanation  Signature  ew — Aircraft Operations Advisor (For DE)	re – Vector Management Project C		ute
I	Does not meet requirements. If rejected, see explanation  Signature	re – Vector Management Project C		ite
I	Signature  Coes not meet requirements. If rejected, see explanation  Signature  Ew — Aircraft Operations Advisor (For DE)  Triewed this information and am in agreement with the desired to the second	re – Vector Management Project C		
Revi	Signature Signature Aircraft Operations Advisor (For DEI viewed this information and am in agreement with the descriptions Advisor (For DEI Signature).	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations	ator. Dat	te
Revi	Signature  Coes not meet requirements. If rejected, see explanation  Signature  Ew - Aircraft Operations Advisor (For DEI riewed this information and am in agreement with the designature of the signature of the	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations	ator. Dat	te
Revi	Signature Aircraft Operations Advisor (For DEI viewed this information and am in agreement with the descriptions of any previous approval being descriptions.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations	ator. Dat	te
Revi	Signature Aircraft Operations Advisor (For DEI viewed this information and am in agreement with the descriptions of any previous approval being descriptions.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations	ator. Dat	te
Revi	Signature Aircraft Operations Advisor (For DEI viewed this information and am in agreement with the descriptions of any previous approval being descriptions.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations	ator. Dat	te
Revi	Signature we were requirements. If rejected, see explanation and a signature we we were a signature with the distribution of any previous approval being dece, federal, or other program.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations enied, suspended, or revoke	ator. Dat	te
Revi	Signature Aircraft Operations Advisor (For DEI viewed this information and am in agreement with the descriptions of any previous approval being descriptions.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations enied, suspended, or revoke	ator. Dat	te
Reviewerev	Signature we were requirements. If rejected, see explanation and a signature we we were a signature with the distribution of any previous approval being dece, federal, or other program.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations enied, suspended, or revoke	ator. Dat	te
Reviewerev	Signature we were requirements. If rejected, see explanation and a signature we we were a signature with the distribution of any previous approval being dece, federal, or other program.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations enied, suspended, or revoke	ator. Dat	te
Reviave rev	Signature wew - Aircraft Operations Advisor (For DEI viewed this information and am in agreement with the description of any previous approval being description of any previous approval being description.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations enied, suspended, or revoke	ator. Dat	te
Reviave rev	Signature we were requirements. If rejected, see explanation and a signature we we were a signature with the distribution of any previous approval being dece, federal, or other program.	re — Vector Management Project C  P Use Only) ecision of the field project coordin re — Aircraft Operations Advisor anations enied, suspended, or revoke	ator. Dat	te



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Visit https://wvplants.wvda.us for pesticide.exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØJHG and your Pin: 13791).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

1,3,6,7,13D,13E

Expires: 12/31/2019 Commercial Pesticide Applicator Gerald L. Racey

Helicopter Applicators, Inc. 1670 York Road Gettysburg PA 17325 Gerald L. Racey

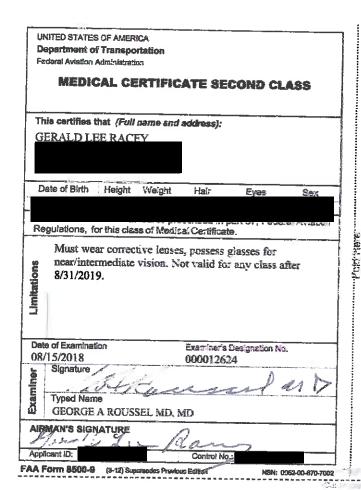
Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
1-Agricultural Plant Pest Control	15	20	5	Due 12/31/2020
3-Forest Pest Control	16	20	4	Due 12/31/2020
6-Aquatic Pest Control	31	20	O.	Due 12/31/2019
7-Right-of-Way/industrial	16	20	4	Due 12/31/2020
13D-Mosquito Control	33	20	0	Due 12/31/2019
13F-Black Fly Control	35	20	0	Due 12/31/2019

NOT TRANSFERABLE AUTHORIZED REPRESENTATIVE

ALTRIAL







#### CONDITIONS OF ISSUE

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- Have it in his or her personal possession at all times white exercising privileges of an airmen certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days.
   (14CFR § 67.407)
- Comply with validity standards specified for first-second-, and third-class medical certificates.
   (14CFR § 61.23)
- Comply with any statement of functional, operational, antifor time limitation issued as a condition of cartification.
   (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency.
   (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.



AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300 FAA Civil Aerospace Medical Institute Mike Monroney Aeronautical Center P.O Box 26080 Oklahoma City, OK 73125-9914

### GERALD LEE RACEY

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

1. Personal Inform							
a. Name (Last, first, middle i	nitial)	b.	Home telephone				<del></del>
Stambaugh, Joseph H. Jr.						Type or print al	l information in ink.
c. Home address d. d. d			City, State, and Z	City, State, and Zin Code			ie below. Return ligned form to Vector
						Management Pr	oject Coordinator, See
e. PA Denartment of Agricult	hire Category 1	6 (Toronto)	7 . 6 . 1	e appli	cator's license number:	Contract Specifi address.	ications for name and
2 Emangement Com	4						
2. Emergency Con	tact	h Add	ress, City, State, Zi	-0.1			
		Same as		р Соде		c. Telephone	d. Relationship
3. Employer Inform	nation (re	lative to	emplovmen	t on DEF	's Vector Manage	Tement progra	me)
Name of employer     Helicopter Applicators, Inc.		D. Addr	ess, City, State, Zir	Code Code		c. Is employed	r:
		1670 Yo	rk Road, Gettysbur	rg, PA 17325		Primary contra	actor_X_Subcontractor
d. Is employment	e. Em BU29	ployer's PA	Department of Agr	iculture's pes	ticide application busine	ss license number:	
Full-time X Seasonal		·· <u> </u>	by Licen	se # 0	1562		
4. Airman Certifica	ate Inform	nation					
	b. Certificate		c. Current instrur	nent rating?	d. Type ratings (inclu	ide heavy A/C type	e. FAR Part 137 qualified?
COMM_XATP	2736294		Yes No_2	,	ratings): Rotorcraft/He Type Rating	elicopter, SK-61	1
				<u> </u>	Type Kating		Yes_X No
£ 36 12 17 0		1			<u> </u>		
5. Medical Informa a. Classification:		46.					
Second	01/30		t medical certificate		itations: ear corrective lenses.		
			<del></del>				
6. Experience/Train	ing/Profi	ciency					
a. Flight Experience as Pilot-In	-Command (H	ours)	Total	Past 12 Months	b. Has any previo	us approval been den	ied, suspended, or revoked
All aircraft (1,000 hours requ	nired)	<u> </u>	11,200+	330	in Pennsylvania or	on any state, federal	, or other program?
		<del>-</del>	65+	2		n on reverse) No	
Night (10 hours required)				2	last three years (if	schools or training s none, check here	essions attended within the
Type (rotary or fixed-wing) thours required)		-	10,500+	330	January 2017, 201	8, & 2019: NEAAA	Continuing Education
Weight class (category) to be hours required)	flown on cont	ract (100	10,000+	330	Seminar(s) for Cor	nmercial Applicator	(2 day course each year). erence, Savannah, GA.
Make, model, and series to be required)	flown on cont	ract (20 hou	rs 500+	330	July 2016: Helicop Qualification in Be	ter Applicators, Inc. Il 206 series aircraft.	FAR Part 135 Initial PIC
Pesticide application in terrai hours required)	n typical of cor	itract area (5	0 200+	50+	Annual Recurrent t	Taining and proficien	licators, Inc. FAR Part 135 acy check in B206L series
Takeoffs/landings at altitude loads similar to an average sp	typical of proje ray load (20 re	ct area with	1,200+	200+	anoieit.		
Number of seasons of aerial s of contract areas (2 required)	praying over te	rrain typical	7+		d. Have you had as	ny aircraft accidents	within the past three years?
e. Are you proficient in reading and other scale topographic map	and navigating	; with 7.5 mi	inute quadrangle	f. A	re you proficient in the	on reverse) No>	the aircraft's electronic
	io t			t	racking and guidance sys	tems? SATLOC (Ye	es No X No
Yes X No				g. N	Jumber of hours flown w		

7. Resume (list recent agricultural aerial spraying experience by year) Year Agency/Location Contact Person\* Aircraft Pest 2016 -PA DEP; Pennsylvania rivers and creeks - statewide Bell UH-1H, Black Fly 2018 Bell 206 series 2015 -Amold's Custom Seeding/Hydro Mulching (WV, OH, VA, GA, AL, Bell UH-1H, Pipeline seeding 2018 Bell 212 & reclamation PA DEP; Pennsylvania rivers and creeks - statewide 1997 -Bell UH-1H. Black Fly 2005 OH-58, MD500 1997 -West Virginia Black Fly program OH-58 Black Fly 2005 \*Include name and telephone. Application will be rejected if this information is not provided. 8. Certification I certify that as an applicator pilot I am solely responsible for the safe operation of my aircraft. This includes making a reconnaissance flight over each working area, including associated turnaround areas, to identify and locate all natural or man-made hazards or obstructions to aircraft flight. I further certify that all statements made herein are true. I understand that any misrepresentation of information requested will result in my prohibition from participation in the current year's suppression project. 02/13/19 Signature of Pilot Applicant Date 9. Review- Vector Management Project Coordinator (For DEP Use Only) I have reviewed the information provided. Based upon that review, my determination of the applicant's compliance with the requirements for an aerial application pilot as set forth in DEP's Vector Management insect suppression program contract specifications is as follows: Meets requirements Does not meet requirements. If rejected, see explanation below. Signature - Vector Management Project Coordinator Date 10. Review - Aircraft Operations Advisor (For DEP Use Only) I have reviewed this information and am in agreement with the decision of the field project coordinator. Signature - Aircraft Operations Advisor Date Explanations 6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or on any state, federal, or other program. 6d. Details and explanation of any aircraft accidents within last three years. 11. Reason(s) for rejection. (For DEP Use Only)

This document will serve as your West Virginia pesticide certification. Please print to carry with you or save on any electronic device. If you have any questions, please call our office at 304-558-2209 or visit the website: <a href="https://wvplants.wvda.us">https://wvplants.wvda.us</a>.

Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØ199G and your Pin: 29275).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

3,6,9,13D,13E,14

Expires: 12/31/2019
Commercial Pesticide Applicator
Joseph Stambaugh
Helicopter Applicators, Inc.
1670 York Road

1670 York Road Gettysburg PA 17325 Joseph Stambaugh

Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
3-Forest Pest Control	16	20	4	Due 12/31/2020
6-Aquatic Pest Control	13	20	7	Due 12/31/2020
9-Public Health	15	20	5	Due 12/31/2020
13D-Mosquito Control	15	20	5	Due 12/31/2020
13Esmack Fly Control	15	20	- 5	Due 12/31/2020
14-Aerial	0	0	0	Due 12/31/2020

NOT TRANSFERABLE **AUTHORIZED REPRESENTATIVE** 

## UNITED STATES OF AMERICA

X



DEPARTMENT OF TRANSPORTATION - FEDERAL AWARTON ADMINISTRATION

TV NAME

JOSEPH HENRY STAMBAUGH JR

VADDRESS

VI NATIONALITY USA IVa D.O.B.

SEX HEIGHT WEIGHT HAIR

IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

# FLIGHT INSTRUCTOR

III CERTIFICATE NUMBER

TALL BY AMPRICA

X DATE OF ISSUE

29 JUL 2014

ADMINISTRATOR





JOSEPH HENRY STAMBAUGH JR

XII RATINGS

ROTORCRAFT-HELICOPTER

XIII LIMITATIONS

VALID ONLY WHEN ACCOMPANIED BY PILOT CERTIFICATE NO. 2736294. EXPIRES:

OF HOLDER

SKALKS.

UNITED STATES OF AMERICA

# Department of Transportation

Federal Aviation Administration

## **MEDICAL CERTIFICATE SECOND CLASS**

This certifies that (Full name and address): JOSEPH Henry STAMBAUGH JR Date of Birth Weight Height ·Sex Eyes Hair has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate. Must wear corrective lenses. Examiner's Designation No. Date of Examination 000012699 01/30/2019 Signature Examiner MICHAEL ZITTLE, DO LH. A **AIRMAN'S SIGNATURE** Applicant ID: Control No.:

FAA Form 8500-9

(3-12) Supersedes Previous Edition

NSN: :0052-00-670-7002

1. Personal Inform		ı						
a. Name (Last, first, middle in	nitial)	b. Ho	me telephone					
Johnsonbaugh, Roger E.	7						information in ink.	
c. Home address		d. Cit	y, State, and Zip	Code	·,·	Complete resum	e below. Return igned form to Vector	
						Management Pro	oject Coordinator. See	
e. PA Department of Agricult	ture Cate	egory 16 (Invertebrate I	Pest Control) pe	sticide applica	ator's license number:	Contract Specific address.	cations for name and	
				<u>-</u>		audi ess.		
2. Emergency Cont	tact			_				
a. Name		b. Address,	City, State, Zip	Code		c. Telephone	d. Relationship	
		Same as abo	ve					
2 Employer Inform				~~~~	-			
a. Name of employer	патло	n (relative to en	nployment City, State, Zip	on DEP	's Vector Mana			
						c. Is employed	r: actor _X Subcontractor	
Helicopter Applicators, Inc. d. Is employment:	-	e. Employer's PA Den	load, Gettysbur	g, PA 17325 iculture's nest	icide application busine	es license number		
			_	_	~ -	ass incense mainter.		
Full-time X Seasonal		BU2911 V	NY Licen	SC FF D	<b>&gt;6</b> 0.	<del></del>		
4. Airman Certifica								
a. Type:	b. Cer	tificate number: c.	Current instrun	nent rating?	d. Type ratings (incl	ude heavy A/C type	e. FAR Part 137 qualified?	
COMM_X_ ATP	34718	11 Ye	s No_X	<u></u>	ratings):		YesX No	
					ASEL, Comm. Rotor	craft,Helicopter		
5. Medical Informa	tion							
a. Classification;		b. Date of current me	dical certificate	c. Limi	tations:			
Second		05/23/2018		Correcti	ive Lenses			
	• .			<u> </u>				
6. Experience/Train			1	Dect 10				
a. Flight Experience as Pilot-In	n-Comn	nand (Hours)	Total	Past 12 Months		ous approvat been der or on any state, federa	nied, suspended, or revoked l, or other program?	
All aircraft (1,000 hours req	uired)		9244	401	Yes (expla	in on reverse) No	Y	
Night (10 hours required)			3217	1 401			sessions attended within the	
	4 - 1 - Cl -		60	5	last three years (i	f none, check here		
Type (rotary or fixed-wing) hours required)	to be ric	own on contract (500	9031	401	Bell Ground Scho			
Weight class (category) to be flown on contract (100 hours required)			9031	401		Feb. 2002, 2003,2008,2009,2010,2011,2018  NEAAA Conference 2009-2011, 2017,2018 – Harrisburg, PA PAAAS Safety Program		
Make, model, and series to be flown on contract (20 hours required)			3646	401				
Pesticide application in terra	in typic	al of contract area (50	2222	074	MDHC Recurrent	t (Ground/Flight) – 20	012, 2014, 2015	
hours required) Takeoffs/landings at altitude	typical	of project area with	2330	234	<del></del>		!	
loads similar to an average s	pray loa	d (20 required)	7000+	2000+				
Number of seasons of aerial of contract areas (2 required)	) .		15			any aircraft accidents in on reverse) No	within the past three years?	
e. Are you proficient in reading and other scale topographic ma		vigating with 7.5 minu	te quadrangle			e use and operation of ystems? SATLOC (Y	f the aircraft's electronic	
Yes X No				a 1	Jumber of house flours			

7. Resume (list recent agricultural aerial spraying experience by year) Year Agency/Location Contact Person\* Aircraft Pest 2002 MD Dept. of Ag Bell 206 Gypsy Moth 2002-PA DEP Bell 206/OH58. 2011, Black Fly 2016-UH-1 2018 2005-11 South Florida Water Mgmt. District Bell 206 Aquatic 2008 Vegetation MD DNR Forest Service OH58 Gypsy Moth 2008 Summit Helicopter - Arkansas Herbicide OH58 Forestry Herbicide \*Include name and telephone. Application will be rejected if this information is not provided. 8. Certification I certify that as an applicator pilot I am solely responsible for the safe operation of my aircraft. This includes making a reconnaissance flight over each working area, including associated turnaround areas, to identify and locate all natural or man-made hazards or obstructions to aircraft flight. I further certify that all statements made herein are true. I understand that any misrepresentation of information requested will result in my prohibition from participation in the current year's suppression project. Roger E. Johnsonbaugh 02/15/2019 Kirk A. Martin 02/15/2019 Signature of Pilot Applicant Date Attested to by Employer Date 9. Review- Vector Management Project Coordinator (For DEP Use Only) I have reviewed the information provided. Based upon that review, my determination of the applicant's compliance with the requirements for an aerial application pilot as set forth in DEP's Vector Management insect suppression program contract specifications is as follows: Meets requirements Does not meet requirements. If rejected, see explanation below. Signature - Vector Management Project Coordinator Date 10. Review - Aircraft Operations Advisor (For DEP Use Only) I have reviewed this information and am in agreement with the decision of the field project coordinator. Signature - Aircraft Operations Advisor Date **Explanations** 6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or on any state, federal, or other program. N/A 6d. Details and explanation of any aircraft accidents within last three years. N/A

11. Reason(s) for rejection. (For DEP Use Only)



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Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØ199F and your Pin: 29274).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

1,3,6,9,13D,13E,14

Expires: 12/31/2019 Commercial Pesticide Applicator Roger Johnsonbaugh Helicopter Applicators, Inc. 1670 York Road Gettysburg PA 17325

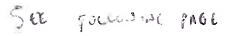
Continuing Education Credits Credits Credits **Credit Information** Acquired Required Needed 1-Agricultural Plant Pest 15 20 5 Due 12/31/2020 3-Forest Pest Control 16 20 Due 12/31/2020 6-Aquatic Pest Control 13 20 Due 12/31/2020 9-Purile Fiealth 13D-Mosquito Control 15 20 5 Due 12/31/2020 15 20 Due 12/31/2020 13E-Black Fly Control 15 Due 12/31/2020 20 AUTHORIZED REPRESENTATIVE 0 0 O Due 12/31/2020

Roger Johnsonbaugh

NOT **TRANSFERABLE** 

## PILOT DOCUMENTS

, D	NITEO STATES OF AMERICA  epartment of Transportation  odoral Aviation Administration	
	MEDICAL CERTIFICATE SECOND CLASS	***************************************
R	ols certifies that (Full name and address): OGER Ean JOHNSONRALIGH II	
I I	ate of Birth Height Weight Hair Fyes Sev	
Limitations	Must wear corrective lengths	LONGTHAN
05/2	of Examination System in Security 2016	
ú	Typed Name STEPHAN C. MANN . MD	ŀ
Applica	TANUS SIGNATURE 1996436852	ı
FAA Fo	orm 6500-0 6-42-5a	

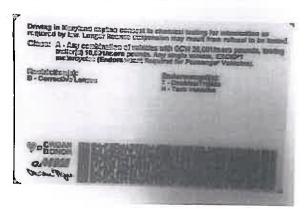












De	ITED STATES partment of deral Aviation A	Transport dministration	rtation on	ATE SE	COND CL	ASS
	s certifies t			,	<u></u>	-
RC	GER Earl	JOHNS	ONBAUC	H II		
Da	te of Birth	Height	Weight	Hair	Eyes	Sex
has	met the me	dical sta	ndards pre	scribed in	part 67, Fede	ral Aviation
Keg	gulations, fo	-	is of Medic		ite.	<del></del> _
Limitations	TAUSE WOL		iivo loliso,	•		
_	of Examinati	ሻ		Examiners	s Designation No	).
Examiner	Signature	IV	~			
Exa	Typed Nam STEPHAN		N, MD			
AIRI	MAN'S SIGN	ATURE	ilge 1	: ph	X	
Appli	cant ID:					

CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Avlation Medical Examiner may be reversed by the FAA within 60 days.
   (14CFR § 67.407)
- Comply with validity standards specified for firstsecond-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification.
   (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency.
   (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards, Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards,

AL AVA

AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300 FAA Civil Aerospace Medical Institute Mike Monroney Aeronautical Center P.O Box 26080 Oklahoma City, OK 73125-9914

ROGER Earl JOHNSONBAUGH II

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

#### STATE OF WEST VIRGINIA DEPARTMENT OF AGRICULTURE

### LICENSED PESTICIDE APPLICATION BUSINESS

Issued to:

Helicopter Applicators, Inc. 1670 York Road Gettysburg PA 17325

Categories of Operation:

1 - Agricultural Plant Pest Control

6 - Aquatic Pest Control

9 - Public Health iãe - Black Fly Control

3 - Forest Pest Control 7 - Right-of-Way/Industrial Weed 13D - Mosquito Control

No.

TRANSFERABLE

14 - Aerial

Qualifying Individual: Glenn A. Martin

License No: Plants ID:

Date Issued:

0562 ØØØANF 12/21/2018

Expiration Date: 12/31/2019

Commissioner of Agriculture

# RFQ NUMBER: AGR1900000008 <u>HELICOPTER APPLICATORS, INC. - AIRCRAFT INFORMATION</u>

MAKE/MODEL	FAA REG. #	SPRAY SYSTEM	TANK CAPACITY
Bell OH58C	N637HA	Simplex	130 Gallons
Bell OH58A+	N653HA	Simplex	130 Gallons
Bell OH58A+	N654HA	Simplex	130 Gallons
Bell OH58A+	N655HA	Simplex	130 Gallons
Bell OH58A+	N659HA	Simplex	130 Gallons
Bell 206L1	N660HA	Simplex	160 Gallons
Bell 206L3	N641HA	Simplex	160 Gallons
Bell 206L3	N651HA	Simplex	160 Gallons

1. Spray Project	et Contrac	tor Infor	mation										
a. Name Helicopte	r Applicators, I	nc.	b. Te	lephon	e 717-	-337-1370							
								T	ype	or prin	t all inf	ormation	in ink.
c. Address 1670 York Road						nd Zip Code			Return completed and signed form to the Vector Management Project				
					PA 1732			C	Coordinator. See Contract				
e. Contractor's PA Depa	rtment of Agric	ulture pesticid	icide application business license number: BU2911 Specifications for the name a			e name a	nd						
								2	ddre	95.			
2. Aircraft Owi	aer Inforn	nation											
a. Aircraft is (check one													
Owned X , subcor	ntracted	or leased	by the spray	meniant	. nombro ni								
b. Owner's Name		c. Address	Same as abo		CONTRACT		an	d Zip Code Sar	ne as	above	e. Tele	ephone 7	7-337-
Helicopter Applicators, I	ma.					4,	,		•••		1370	- parone	55,
Tiencopier Applicators, 1													
				-						_			
3. Aircraft Desc	ription ar	ıd Inforn	nation										
a. Type of aircraft (chec	k one):								b. O	ualified	under:		
Spray fixed-wing	Spray helic	onter V	Observation f	5.rad	<u>.                                    </u>	01	t 1*					-	
c. Aircraft:	opray none	opter_A	COSCIVATION	.IXCU-W		Observation of engines:		FAA Number:		Part 13 Year bui		FAR Part	
Make _Bell	Model OH-	EO Cont	esC			,							-up, .
h. Registration certificat		irworthiness of		i Cr	l uising sp	—		N637HA		1970		3 00-hour ins	
-						roou.		k. Hours of to	ici.	0	s since I	oo-nour ins	pection;
Yes X No m. Major modifications:	Yes : None	_X	No	MPH	100_	Knots		2		Annua	l Inspec	tion Due: (	)3/16/19
	110110												
. Airframe	1												
Hours since new: 13002.2	b. Used for	acrobatics:	c. Parking b	orakes:		d. Paint schen	ne:	Green/Copper					
	Yes	No_X	Yes	No_X									
			_										
. Engines													
a. Make and model:				b. H	Iorsepov	ver: 420	7	c. Type fuel:	Jet A		d. Sup	ercharger:	
Allison 250-C20C											Von	NT- N	,
e. Hours since new:			f. Hours since	major	overhau	1:		g. Hours	before	next m	Yes ajor over	No X	
Engine I 4799.3	Engine 2		Paris 1 2	.001.0	19								
Eligino 1 4199.5	Engine Z		Engine 1 3	931.3_	E	ngine 2		Engine I	0	/C	Engir	ne 2	
a. Hours since overhaul:					_								
	Number 1 N	/A N	umber 2										
					_]								
. Helicopter Co	mponents	3											
a. Hours since new:					b.	Hours since ov	erh:	aul:					
Main rotor 432,6	Tail rotor	521.3 Tran	nsmission 4634	4.4	_   <u>.</u> .	ain note - 400	_	Tall	11.0	-		070 /	
c. Hours before next over	haul:	112II	<u>151111531011_403</u> 4	4,4		ain rotor 432 Drop stops:	.0_	Tail rotor 52 e. Skids:	21.3	Tra	_	n 872.6 Rotor brakes	
Main rotor 2167 4	Tall sets.	10707 77		1.505.4		•				_			
Main rotor 3167.4	Tail rotor	1978.7 Tra	ınsmission	1527.4_	Y	es X No		Yes X		<u> </u>	Yes	No	X

						1					
8. Instruments											
a. Fuel quantity:	b. Stall w	arning:	c. Airs	speed:		d. Clock:		e. C	Compass:	f. Tu	urn and bank;
Yes X No	Yes	No_X	Yes_>	1	νĭο	Yes X	No	Vec	X No	Yes	X No
g. Directional gyro;	h. Artifici	al horizon:	i. Altii			j. Rate of cl	imb indicato	r:	71110	105	A NO
Yes No X	Yes X	No	Yes	X_ No		Yes X	No				
9. Condition											
a. Glass:		h Folonia				1					
		b. Fabric	<b>3</b> :			c. Tires: N	//A		d. Pa	nint:	
Good X Fair e. Seat belts:	Poor	f. Should	Fair ler harness:	Poo	or	Good g. Cabin:	Fair	Poor		X Fair	Poor
Good X Fair	Deer			_		1			n. Co	ockpit:	
COOU A Pair	Poor	Good	X Fair	Poo	Or	Good X	Fair	Poor	Good	_X Fair_	Poor
10 Emergency E		.4									
10. Emergency Eq								-			
	0.	Engine fire	extinguisher	:	c. Cat	in fire extinguis	sher:				
Yes_X No	Y	es	No_X	_	Yes	X_ No		1			
								•			
11. Electrical Syst	em										
a. Volts 28		Auxiliary P	ower Unit:		c. H/D	battery:		d. Ar	nmeter:		٦
	Ye	•c	No_X			-	İ				
			140 X		Yes	X No		Yes	XNo	)	
12. Lights											
a. Rotating beacon:	b. Landing:		c. Cock	oit		d. Navigation	:	e. Oth	er (specify):		
Yes X No	Yes _X	No	Yes X	No	·	Yes_XN	0				
13. Radios and Gu	idance ]	Equipm	ent								
a. VHF system installed as	specified:		b. FM radio	installe	d as speci	ified:	c. Sel	ector sv	vitch for simo	monitoring of	VHF and FM:
Yes X	No		Yes	X	No				s X	No	
d. Loran-C guidance system	n installed:		e. GPS guid	ance sys	stem insta	illed:	f. ET	GARS i	nstailed:	140	
Yes No _X			Yes_	_x	No		Yes_		Make/Model		
					_		Ag	¡Nav_	/ Guia_		<del></del>
14. Spray System											
a. STCs or 337s for all con	ponents:	b. Total tar	k capacity:	c. En	nergency	dump system:	d. Operat	ing load	l capacity:	e. Spray sys	tem make:
Yes X No		130	gallons	Yes	_X	No_	10	00	gallons	Simplex	
f. Nozzles: -If Hydraulic: Type			Ciza							ow-metering s	ystem:

THE SPIRY SYSTEM				
a. STCs or 337s for all components:	b. Total tank capacity:	c. Emergency dump system:	d. Operating load capacity:	e. Spray system make:
Yes X No	130gallons	Yes X No	100 gallons	Simplex
-If Hydraulic: Type	Size		g. Electronic f Yes _X	low-metering system:
-If Rotary atomizer: Make	Model		Make/Model	Crophawk /

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
		SEE PILOT SHEETS			
<u>-</u>					

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licen
-	XXOUIS			Date	Number
		<u> </u>			
	7 - 1				
				-	
				<u> </u>	
Certification					
rtify that the informatio	on contained herein is	accurate.			
	dell	! <del>L</del>			
Kirk Martin Signature – Contracto		Secretary/Treasur	er	02/19/	
Signature - Commacio	OT	Title		Da	ate
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ve reviewed the informa	ation provided. Based set forth in DEP's Ve	ect Coordinator (For DEF d upon that review, my determina ector Management insect suppres	tion of the airci	raft's compliance wontract specification	ith the
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1. Spray Project	ct Contractor In	formation					
a. Name Helicopte	er Applicators, Inc.		Telephone 7	17-337-1370		1	
1			•			Type or prin	nt all information in ink.
c. Address			City, State, and	7in Code	_ <del></del>	Return com	pleted and signed form to
1670 York Road		Gett	tysburg, PA 17	7325	1	the Vector N	Management Project
e. Contractor's PA Den	artment of Agriculture pes	atiaida annliantian	1 and one fire			Coordinator	r. See Contract
	nument of Agriculture pes	sticide application	business licen	se number: BU	J2911	Specification address.	ns for the name and
2. Aircraft Owi	T C 44						
a. Aircraft is (check one	ier information						
Oumad V subse	·						
Owned X , subcor	ntracted , or leased c. Addr		y project contra				
		ress Same as ab	ove	d. City, State	e, and Zip Code	Same as above	e. Telephone 717-337-
Helicopter Applicators, I	inc.						1370
3. Aircraft Desc	cription and Info	ormation					
a. Type of aircraft (chec	k one):					b. Qualified	Imdae
Spray fixed-wing	Carry halizantan V	D1				] -	
c. Aircraft:	Spray helicopter X	Observation	fixed-wing	Observation l		FAR Part 13	
			u. 1	10. or engines:	e. FAA Numbe	r: f. Year bu	ilt: g. Passenger capacity:
Make Bell	ModelOH-58			1	N653HA	1971	_
h. Registration certificat	ion i. Airworthine	ess certification	j. Cruising	speed:	k. Hours of		e since 100-hour inspection:
Yes X_ No	Yes X	No	MPH 100	Knots			_40.6
m. Major modifications:	None		INITII TOO	Knots	2	Annua	al Inspection Due: 10/16/19
		<del></del>	<del></del>		<u></u>		
-							
4. Airframe							
a. Hours since new: 7922.8	b. Used for acrobatics	s: c. Parking l	brakes:	d. Paint schem	ne: Grey/Blue/R	₹ed	
1922.8	Yes No X	Yes	Ma V				
	140 7	1 1 62	No_X_				
≓ ਜ਼ਰ. •਼							
5. Engines							
a. Make and model:		_	b. Horsepo	ower: 420	c. Type fuel:	Jet A	d. Supercharger:
Allison 250-C20B					1		Was No W
e. Hours since new:		f. Hours sinc	e major overha	aul:	g. How	rs before next m	Yes No X
Engine 1 6030.8	Paring 0		_				ajoi overnaui.
Engme 1 _ovocvo	Engine 2	Engine 1 6	6020.8	Engine 2	Engine	1_O/C_	Engine 2
. Propellers							
a. Hours since overhaul:							
1	Number IN/A	Number 2					
. Helicopter Co	mponents						
a. Hours since new:				b. Hours since ove	erhaul:		
Main rotor 2412.3	Tail rotor 540.1	Transmission 612	1064	251			
c. Hours before next overh	naul:	Transmission or.		Main rotor 2412  d. Drop stops:	2.3 Tail rotor e. Skids		ansmission 706
			'	1. Diop stops,	C. Okida	s:	f. Rotor brakes:
Main rotor 1187.7 Tail I	rotor 1959.9 Transi	mission 1694		Yes X No	Yes X	No	Yes No X
g. Other (specify):							

8.	In	-4				4
Α.	ın	ST	rH	m	ρn	Te

a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock:	e. Compass:	f. Turn and bank:
Yes X No g. Directional gyro:	Yes No X h. Artificial horizon:	Yes X No	Yes X No  j. Rate of climb indicator:	Yes X No	Yes_XNo
Yes No X	Yes X No	Yes X No	Yes X No		

a. Glass:	b. Fabric:	c. Tires: N/A	d. Paint:
Good X Fair Poor	Good X Fair Poor	Good Fair Poor	Good_X Fair Poor
e. Seat belts:	f. Shoulder harness;	g. Cabin:	h. Cockpit:
Good X Fair Poor	Good X Fair Poor	Good X Fair Poor	Good X Fair Poor

10. Emergency Equipment

a. First aid kit:	b. Engine fire extinguisher:	c. Cabin fire extinguisher:
Yes_XNo	Yes No X	Yes X No

11. Electrical System

a. Volts 28	b. Auxiliary Power Unit:	c. H/D battery:	d. Ammeter:
	Yes X No	Yes X No	Yes X No

12. Lights

a. Rotating beacon:	b. Landing:	c. Cockpit	d. Navigation:	e. Other (specify):
Yes X No	Yes_X No	Yes X No	Yes X No	

13. Radios and Guidance Equipment

a. VHF system installed as specified:	b. FM radio installed as specified:	c. Selector switch for simo-monitoring of VHF and FM:
Yes X No	Yes X No	Yes X No
d. Loran-C guidance system installed:	e. GPS guidance system installed:	f. ETGARS installed:
Yes No _X	YesX No	Yes X Make/Model AgNay / Guia

14. Spray System

a. STCs or 337s for all components	b. Total tank capacity:	c. Emergency dump system:	d. Operating load capacity:	e. Spray system make:
Yes X No	130gallons	Yes X No	100 gallons	Simplex
f. Nozzles: -If Hydraulic: Type	Size		g. Electronic i	low-metering system:
-If Rotary atomizer: Make			Make/Model	Crophawk /

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
					·
		SEE PILOT SHEETS			
					<u> </u>
			<u> </u>		

Name	Total Flight Hours	Aircraft: (continued)  Special Qualifications	Rating	FAA Medical	FAA Licer
	110413			Date	Number
	<del>                                     </del>				
			· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	
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Certification					
ertify that the information	n contained herein is	accurate.			
TESAL N. C. 12	Rank	<del>Q</del> -			
Kirk Martin Signature – Contracto		Secretary/Treasurer_		_	9/19
Signature - Contracto	Ţ.	Title		Da	ate
ve reviewed the informa	tion provided. Based	ect Coordinator (For DEP d upon that review, my determina ector Management insect suppres	ation of the airci	aft's compliance w	ith the
ive reviewed the informa	tion provided. Based set forth in DEP's Ve	d upon that review, my determinate	ation of the airci	raft's compliance wontract specification	ith the
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ve reviewed the informatirements for aircraft as some meets requirements.  Does not meet requirements.  Review — Aircraft Cover reviewed this information.	tion provided. Based set forth in DEP's Versit irements. If rejected perations Advisation and am in agree	d upon that review, my determinated to Management insect suppressector Management insect suppressector Management below.  Signature – Vector Management with the decision of the Vector Management insect suppressection with the decision of the Vector Management insect suppressection with the decision of the Vector Management insect suppressection with the decision of the Vector Management insect suppressection with the decision of the Vector Management insect suppressection with the decision of the Vector Management with the decision with the dec	ation of the aircr sion program co agement Project ector Manageme	ent Project Coordin	Date ator.
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A 37 TT 11 .	t Contractor Infor						
a. Name Helicopter	r Applicators, Inc.		lephone 71	7-337-1370			
	7.5					Type or prin	t all information in ink.
c. Address		d Cit	ty, State, and 2	7in Code		Return comp	pleted and signed form to
1670 York Road			sburg, PA 173				Ianagement Project
a Contracted D. D.			-				. See Contract
e. Contractor's PA Depai	rtment of Agriculture pesticid	le application b	usiness license	number: BU		Specification address.	s for the name and
						auuress.	
2. Aircraft Own	an Information						
a. Aircraft is (check one)							
a. Thioratt is (check one)	<i>)</i> •						
Owned X , subcon		by the spray	project contra	ctor			
b. Owner's Name	c. Address	Same as abo			and Zip Code S	ame as above	e. Telephone 717-337-
Helicopter Applicators, Ir	ma			1	-		1370
Henooptor Apprioators, in	nc.						
	<del></del>					<del></del>	
2.25							
3. Aircraft Desc	ription and Inforn	nation	_				
a. Type of aircraft (check	k one):	·				b. Qualified	under:
Spray fixed-wing	Course halfanatan V	Ole made - 6	и ч .			-	
c. Aircraft:	Spray helicopter X	Observation f		Observation :	nelicopter e. FAA Number	FAR Part 13	
,				o. or engines.	e. Paa Number	f. Year bu	ilt; g. Passenger capacity:
Make _Bell	ModelOH-58 Seri	esA+	_   .	1	N654HA	1970	3
<del> </del>							
h. Registration certificati	ion i. Airworthiness o	certification	j. Cruising	speed:	k. Hours of	fuel:   1. Tim	e since 100-hour inspection:
Yes X No	Yes X	No	MPH 100	Knots	2		_75
m. Major modifications:	None	NO	IVIFII IOU	Miors		Annua	l Inspection Due: 11/10/19
_	_						
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		_	<del></del>		<del></del>	<del>-</del>	
1. Airframe					<u></u>		
4. Airframe a. Hours since new:	b. Used for acrobatics:	c. Parking h	orakes:	d Paint schem	e Grey/Blue/R		
	b. Used for acrobatics:	c. Parking b	rakes:	d. Paint schen	ie: Grey/Blue/R	ed	
a. Hours since new:	b. Used for acrobatics: Yes No _X		rakes;	d. Paint schen	ie: Grey/Blue/R	ed	
a. Hours since new:				d. Paint schen	ie: Grey/Blue/R	ed	
a. Hours since new: 8681.1				d. Paint schen	ie: Grey/Blue/R	ed	
a. Hours since new:			No X				A Supersharger
a. Hours since new: 8681.1  5. Engines a. Make and model:					c. Type fuel:	ed Jet A	d. Supercharger:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C		Yes 1	b. Horsepo	wer: 420			d. Supercharger: Yes No _X
a. Hours since new: 8681.1  5. Engines a. Make and model:			b. Horsepo	wer: 420	c. Type fuel :		Yes No X
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new:	Yes No X	Yes 1	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new:		Yes 1	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593	Yes No X	Yes 1	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers	Yes No X	Yes 1	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:	Yes No X  Engine 2	Yes 1	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:	Yes No X  Engine 2	Yes 1	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:	Yes No X  Engine 2	f. Hours since Engine 1 5	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:	Yes No X  Engine 2	f. Hours since Engine 1 5	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:	Yes No X  Engine 2  Number 1 N/A N	f. Hours since Engine 1 5	b. Horsepo	wer: 420	c. Type fuel :	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  5. Propellers a. Hours since overhaul:	Yes No X  Engine 2  Number 1 N/A N	f. Hours since Engine 1 5	b. Horsepo	ower: 420 ul: ngine 2	c. Type fuel : g. Hour Engine	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  5. Propellers a. Hours since overhaul:	Yes No X  Engine 2  Number 1 N/A N	f. Hours since Engine 1 5	b. Horsepo	wer: 420	c. Type fuel : g. Hour Engine	Jet A	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:  6. Helicopter Co a. Hours since new: Main rotor 130.6	Yes No X  Engine 2  Number 1 N/A N  Imponents  Tail rotor 2392.4 Trans	f. Hours since Engine 1 5	b. Horsepo	ower: 420 ul: ngine 2	c. Type fuel : g. Hour Engine	Jet A s before next m 1 O/C	Yes No X najor overhaul:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:  7. Helicopter Co a. Hours since new: Main rotor 130.6	Yes No X  Engine 2  Number 1 N/A N  Imponents  Tail rotor 2392.4 Trans	f. Hours since Engine 1 5	b. Horsepo	wer: 420  ul: ngine 2	c. Type fuel : g. Hour Engine	Jet A s before next m 1 O/C	Yes No X najor overhaul: Engine 2
5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:  7. Helicopter Co a. Hours since new: Main rotor 130.6 7 c. Hours before next overh	Yes No X  Engine 2  Number 1 N/A N  Proponents  Tail rotor 2392.4 Transhaul:	f. Hours since Engine 15	b. Horsepo	o. Hours since ov	c. Type fuel:  g. Hour Engine  erhaul:  6 Tail rotor e. Skids	Jet A s before next m 1 O/C 2392.4 To	Yes No X najor overhaul: Engine 2  ransmission 2112.3 f. Rotor brakes:
a. Hours since new: 8681.1  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5593  6. Propellers a. Hours since overhaul:  7. Helicopter Co a. Hours since new: Main rotor 130.6	Yes No X  Engine 2  Number 1 N/A N  Proponents  Tail rotor 2392.4 Transhaul:	f. Hours since Engine 15	b. Horsepo	o. Hours since ov	c. Type fuel: g. Hour Engine erhaul:	Jet A s before next m 1 O/C 2392.4 To	Yes No X najor overhaul: Engine 2

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a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock;	e. Compass:	f. Turn and bank:
Yes X No	Yes No X	Yes X No	Yes X No	Yes _ X _ No	Yes_X_ No
g. Directional gyro:	h. Artificial horizon:	i. Altimeter:	j. Rate of climb indicator:		
Yes No X	Yes No X	Yes X No	Yes X No	1.0	

9.	~	20.00	
v.	( on	dition	i
10	~ 1111		

a. Glass:	b. Fabric:	c. Tires: N/A	d. Paint:
Good X Fair Poor	Good X Fair Poor	Good Fair Poor	Good X Fair Poor
e. Seat belts:	f. Shoulder harness:	g. Cabin:	h. Cockpit:
Good X Fair Poor	Good X Fair Poor	Good X Fair Poor	Good X Fair Poor

10. Emergency Equipment

a. First aid kit:		b. Engine fire extinguisher:		c. Cabin fire extinguisher:	
Yes	No_	_X	Yes	No X	Yes X No

11. Electrical System

111 Dicentent System			
a. Volts 28	b. Auxiliary Power Unit:	c. H/D battery:	d. Ammeter:
	Yes No X	Yes X No	Yes X No

12. Lights

a. Rotating beacon:	b. Landing:	c. Cockpit	d. Navigation:	e. Other (specify):
Yes X No	Yes X No	Yes X No	Yes X No	

13. Radios and Guidance Equipment

The state of the s	AACAAC					
a. VHF system installed as specified:	b. FM radio installed as specified:	c. Selector switch for simo-monitoring of VHF and FM:				
Yes X No	Yes X No	Yes X No				
d. Loran-C guidance system installed:	c. GPS guidance system installed:	f. ETGARS installed:				
Yes No X	Yes X No	Yes X Make/Model AgNay / II				

14. Spray System

a. STCs or 337s for a	all components:	b. Total tank	c capacity:	c. Emergene	cy dump system:	d. Operating l	oad capacity:	e. Spray system make:
Yes X No	)	130	gallons	Yes X	No	100	gallons	Simplex
f. Nozzles: -If Hydraulic:	Туре		Size	<del></del>			g. Electronic f Yes _X	low-metering system:
-If Rotary atomizer:	Make	1	Model	_			Make/Model	Crophawk /

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
					-
-					
		SEE PILOT SHEETS			
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Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA Licens
	110110			Date	Number
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Certification					
rtify that the information c	antained harain is				
_	Jillanied nerem is	accurate.			
Kirk Martin	so pl	Secretary/Treasure	er	02/19	/19
Signature – Contractor		Title			ate
ve reviewed the information irements for aircraft as set	n provided. Based forth in DEP's Ve	l upon that review, my determina ector Management insect suppres	ation of the airc ssion program c	raft's compliance wo ontract specification	ith the ns is as follo
Meets requirements;					
Door not most require	YG14_ 1				
_ Does not meet require	ments. If rejected,	, see explanation below.			
		Signature - Vector Man	agement Projec	t Coordinator	Date
				<u> </u>	
Peview _ Aircraft On	erations Advis	or (For DEP Use Only)			
ve reviewed this information	n and am in agree	ement with the decision of the Ve	enter Managem	ant Project Coordin	
AA 10 110 LLON MIED TITTATTEMENT	in and an in agree	ment with the accision of the ve	actor Manageme	ant Project Coolum	ator.
		Signature – Aircraft Op	erations Adviso	r Da	ate
Reasons for Rejection	For DEP Use	(Anisz)			
ZORDOND TOT TENJOCKOM	(FOI DEL CSC	· Only)			

a. Name Helicopte	er Applicators, Inc.		b. Te	lephone	717-3	37-1370						_
								מ	ype or	print a	ll informa	tion in ink.
c. Address d. City, State, ar 1670 York Road Gettysburg, PA				and Zip	Code						gned form t	
										agement ee Contra		
e. Contractor's PA Dep	artment of Agricul	ture pesticid	e application by	usiness lie	cense n	umber BIL	291I				or the nar	
•				wonited in	00120 11	uinter. Doz	2711		ddress.			
3 4	T 0											
a. Aircraft Ow		ation										
,	•											
Owned X , subco		leased	by the spray		ontracto							
b. Owner's Name	(	c. Address	Same as abo	ve		d. City, State	, and	Zip Code Sar	me as ab		Telephone	717-337-
Helicopter Applicators,	Inc.				1	•				1	370	
3. Aircraft Des	cription and	l Inform	ation									
a. Type of aircraft (che	ck one):								b. Qua	lified un	der:	
Spray fixed-wing	Spray helicon	oter X	Observation f	ixed-wins	o	Observation 1	belic	onter	FARE	art 135	FAD	Part 137 X
c. Aircraft:						of engines:		FAA Number:		ar built:		nger capacity:
Make _Bell	Model OH-58	Cario	ee A.L			,		27/2007	1 ,,			
h. Registration certifica		worthiness c		j. Cruis	ing ene			N655HA k. Hours of fu		70		ur inspection:
								K. FIOUIS OF IC				
Yes X No m. Major modifications	Yes_	X 1	No	MPH_	100	Knots	Ц	2	A	nnual II	aspection I	Due: 12/01/19
in. Wajor modifications	s. None											
. Airframe												
a. Hours since new: 9690.8	b. Used for ac	crobatics:	c. Parking b	rakes:		d. Paint schen	ne;	Grey/Blue/Re	đ			
9090.8	Yes No	οX	Yes 1	No X								
<u> </u>												
5. Engines												
a. Make and model:				h Ho	rsepowe	er: 420	Τ.	. Type fuel :	Jet A		Superchar	'cor'
				0. 110	гаором	JI. 420		. Type tuer.	JULA	u.	. Buperejiai	Ser.
Allison 250-C20B e. Hours since new:			£ 17		1 1							√o_X
e. Hours since new.			f. Hours since	major or	verhaul			g. Hours	before r	ext majo	r overhaul:	
Engine 1 _9641.8	Engine 2		Engine 1 9	110.4	En	gine 2		Engine 1	O/C		Engine 2	
									-			
. Propellers												
a. Hours since overhaul:					Ī							
	Number 1N/A	N	umber 2									
			_		J							
TT.31 - ~									100			
. Helicopter Co	omponents				1 -							
a. Hours since new:					b.	Hours since ov	erha/	ul:				
Main rotor 1464.5	Tail rotor19	980.5 Tı	ransmission 5	723.2	Ma	in rotor 146	4.5	Tail rotor	1980.5	Trans	mission_8	81.7
c. Hours before next ove	rhaul:					Drop stops:		e. Skids:			f. Rotor l	
Main rotor2135.5	Tail rotor 4	19.5 Tran	smission 1:	518.3	Va	s_X_ No		Yes X	No		Yes	No v
g. Other (specify);	2 - 11 - 2 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	IIMI		-10.0	1 16	2 VZ 140		1 C2 V			109	No X

8	Instrur	nents

a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock:	e. Compass:	f. Turn and bank:
Yes X No g. Directional gyro:	Yes No X h. Artificial horizon:	Yes X No i. Altimeter:	Yes X No j. Rate of climb indicator:	Yes X No	Yes_X_ No
Yes No X	Yes X No	Yes X No	Yes X No		

a. Glass:	b. Fabric:	c. Tires: N/A	d. Paint:
Good X Fair Poor	Good X Fair Poor	Good Fair Poor	Good X Fair Poor
e. Seat belts:	f. Shoulder harness:	g. Cabin:	h. Cockpit:
Good X Fair Poor	Good X Fair Poor	Good X Fair Poor	Good X Fair Poor

10. Emergency Equipment

a. First aid kit:		c. Cabin fire extinguisher:		
YesNo_X	Yes No X	Yes X No		

11. Electrical System

a. Volts 28	b. Auxiliary Power Unit:	c. H/D battery:	d. Ammeter:	
	Yes No X	Yes X No	Yes X No	

12. Lights

a. Rotating beacon:	b. Landing:	e. Cockpit	d. Navigation:	e. Other (specify):
Yes X No	Yes X No	Yes X No	Yes_X No	

13. Radios and Guidance Equipment

a. VHF system installed as specified:	b. FM radio installed as specified:	c. Selector switch for simo-monitoring of VHF and FM:
Yes X No	Yes X No	Yes X No
d. Loran-C guidance system installed:	e. GPS guidance system installed:	f. ETGARS installed:
Yes No _X	YesX No	Yes X Make/Model AgNav / Guia

14. Spray System

a. STCs or 337s for all components:	b. Total tank capacity:	c. Emergency dump system:	d. Operating load capacity:	e. Spray system make:
Yes X No	130 gallons	Yes X No	100gallons	Simplex
f. Nozzles: -If Hydraulic: Type	Size		g. Electronic f Yes _X	low-metering system:
-If Rotary atomizer: Make	Model		Make/Model	_Crophawk/

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
				<u> </u>	:
		SEE PILOT SHEETS			

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licen
	Hours			Date	Number
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Certification					
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Kirk Martin	La M	Secretary/Treasure	_	AA 14	0 (10
Signature - Contracto	OF.	Secretary/1 reasure	r <u> </u>		9/19
- Brands Ochica and	, <u> </u>	Title		Da	ite
e reviewed the informa	ation provided. Based	ect Coordinator (For DEI d upon that review, my determinator Management insect suppress	ation of the airci	raft's compliance wontract specification	ith the
e reviewed the information	ation provided. Based set forth in DEP's Ve	upon that review, my determin	ation of the airci	raft's compliance wontract specification	ith the as is as follo
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e reviewed the information represents for aircraft as  Meets requirement	ation provided. Based set forth in DEP's Ve s;	d upon that review, my determinated to Management insect suppressions, see explanation below.	ation of the airca	ontract specification	ith the ns is as follo
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re reviewed the informatirements for aircraft as  Meets requirement  Does not meet requirement	ation provided. Based set forth in DEP's Vers; sirements. If rejected.	d upon that review, my determination Management insect suppressions, see explanation below.  Signature – Vector Man	ation of the aircression program co	ontract specification	ns is as follo  Date
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ve reviewed the informatirements for aircraft as  Meets requirement  Does not meet requirement  Review — Aircraft (ve reviewed this information)	ation provided. Based set forth in DEP's Vers;  uirements. If rejected,  perations Advis ation and am in agree	i upon that review, my determinator Management insect suppressions, see explanation below.  Signature – Vector Management with the decision of the Vector Management insect suppressions.	ation of the aircression program co	ent Project Coordin	Date  Dator.
re reviewed the informatirements for aircraft as  Meets requirement  Does not meet requirement  Review — Aircraft ( we reviewed this information)	ation provided. Based set forth in DEP's Vers;  uirements. If rejected,  perations Advis ation and am in agree	i upon that review, my determinator Management insect suppressions, see explanation below.  Signature – Vector Management with the decision of the Vector Management insect suppressions.	ation of the aircression program co	ent Project Coordin	Date  Dator.
re reviewed the informatirements for aircraft as  Meets requirement  Does not meet requirement  Review — Aircraft ( we reviewed this information)	ation provided. Based set forth in DEP's Vers;  uirements. If rejected,  perations Advis ation and am in agree	i upon that review, my determinator Management insect suppressions, see explanation below.  Signature – Vector Management with the decision of the Vector Management insect suppressions.	ation of the aircression program co	ent Project Coordin	Date  Dator.
re reviewed the informatirements for aircraft as  Meets requirement  Does not meet requirement  Review — Aircraft ( we reviewed this information)	ation provided. Based set forth in DEP's Vers;  uirements. If rejected,  perations Advis ation and am in agree	i upon that review, my determinator Management insect suppressions, see explanation below.  Signature – Vector Management with the decision of the Vector Management insect suppressions.	ation of the aircression program co	ent Project Coordin	Date  Dator.
ve reviewed the informatirements for aircraft as  Meets requirement  Does not meet requirement	ation provided. Based set forth in DEP's Vers;  uirements. If rejected,  perations Advis ation and am in agree	i upon that review, my determinator Management insect suppressions, see explanation below.  Signature – Vector Management with the decision of the Vector Management insect suppressions.	ation of the aircression program co	ent Project Coordin	Date  Dator.
re reviewed the informatirements for aircraft as  Meets requirement  Does not meet requirement  Review — Aircraft ( we reviewed this information)	ation provided. Based set forth in DEP's Vers;  uirements. If rejected,  perations Advis ation and am in agree	i upon that review, my determinator Management insect suppressions, see explanation below.  Signature – Vector Management with the decision of the Vector Management insect suppressions.	ation of the aircression program co	ent Project Coordin	Date  Dator.

a. Name Helicopte	r Applicators, In	nc.		lephone 71	7-337-1370				
_							Type	or prin	t all information in ink.
c. Address		9	d Cir	ty, State, and	nd Zin Code		Retu	Return completed and signed form to	
1670 York Road				sburg, PA 173			the V	ector M	Ianagement Project
e. Contractor's PA Department of Agriculture pesticide application business lie			valence line		011			. See Contract is for the name and	
			usiness license	e number: BU2	911	addr		is for the hante and	
2. Aircraft Own	aer Inforn	ation							
a. Aircraft is (check one	):			<del></del>	·				
Owned X , subcon	ntracted	or leased	hu tha annu		ata-				
b. Owner's Name	intacted,	c. Address	Same as abo	project contra	d. City, State,	and Zin C	ode Same a	shove	e. Telephone 717-337-
** **					d. Oity, Blatte,	210 ZIJ C	ouc panca	5 E0040	1370
Helicopter Applicators, I	nc.	!			1				
<del></del>		<u></u>		<del></del>		-	<del></del>		
9 4 0 75									
a. Type of aircraft (chec	cription ar	id Inforn	nation						
a. Type of aircraft (chec	k one);						b.	Qualified	under:
Spray fixed-wing	Spray helic	copter X	Observation f		Observation h	elicopter	. FA	R Part 13	35 FAR Part 137 X
c. Aircraft:		15		d. N	o. of engines;	e. FAA l	Number: f.	Year bu	ilt: g. Passenger capacity:
Make Bell	Model OH-	58 Seri	es A+		1	NIC	59HA _	1970	3
h. Registration certifica		irworthiness of		j. Cruising	speed:		ours of fuel:		e since 100-hour inspection:
77 77				_	-2			1	0
Yes X No m. Major modifications		X	No	MPH_100	Knots		2	Annua	al Inspection Due: 09/11/19
mi, major modifications	. None								
				<u> </u>					
					<del> </del>				
4. Airframe									
a. Hours since new:	b. Used for	acrobatics:	c. Parking b	orakes:	d. Paint schem	e: Grey.	/Blue/Red		
					d. Paint schem	e; Grey	/Blue/Red		
a. Hours since new:		acrobatics:		orakes:	d. Paint schem	e: Grey	/Blue/Red		
a. Hours since new: 6000.7					d. Paint schem	е: Grey	/Blue/Red		
a. Hours since new: 6000.7  5. Engines				No X					
a. Hours since new: 6000.7						e: Grey.		A	d. Supercharger:
a. Hours since new: 6000.7  5. Engines				No X				A	
a. Hours since new: 6000.7  Engines a. Make and model:				b. Horsepo	ower: 420	с. Тура	e fuel: Jet		d. Supercharger:  Yes No X najor overhaul:
a. Hours since new: 6000.7  Engines a. Make and model: Allison 250-C20C e. Hours since new:	Yes		Yes	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C			Yes	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo		Yes No X
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1	Yes		Yes	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers	Yes		Yes	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers a. Hours since overhaul;	Yes	No X	f. Hours since Engine 1 2	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  Propellers a. Hours since overhaul:	Yes	No X	Yes	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  Propellers a. Hours since overhaul:	Yes	No X	f. Hours since Engine 1 2	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers a. Hours since overhaul:	YesEngine 2Number 1N	No_X	f. Hours since Engine 1 2	b. Horsepo	ower: 420	с. Тура	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers a. Hours since overhaul:	YesEngine 2Number 1N	No_X	f. Hours since Engine 1 2	b. Horsepo	ower: 420 aul: Engine 2	с. Тур	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers a. Hours since overhaul: 7. Helicopter Co a. Hours since new:	Engine 2  Number 1N	/AN	f. Hours since Engine 1 2	b. Horsepo	ower: 420	с. Тур	e fuel : Jet g. Hours befo	re next n	Yes No X najor overhaul:
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers a. Hours since overhaul:  7. Helicopter Co a. Hours since new: Main rotor 1612.8	Engine 2  Number 1N  mponents	/AN	f. Hours since Engine 1 2	b. Horsepo	b. Hours since ow	c. Type	e fuel : Jet g. Hours befo Engine 1	re next π	Yes No X najor overhaul: Engine 2  Transmission 440.5
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers a. Hours since overhaul:	Engine 2  Number 1N  mponents	/AN	f. Hours since Engine 1 2	b. Horsepo	b. Hours since over	c. Type	e fuel : Jet g. Hours befo Engine 1	re next π	Yes No X najor overhaul: Engine 2
a. Hours since new: 6000.7  5. Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 4797.1  6. Propellers a. Hours since overhaul;  7. Helicopter Co a. Hours since new: Main rotor 1612.8	Engine 2  Number 1N  mponents	No XN	f. Hours since Engine 1 2	b. Horsepo	b. Hours since ow	c. Type	e fuel : Jet g. Hours befo Engine 1	re next π	Yes No X najor overhaul: Engine 2  Transmission 440.5

_	-
8.	Instruments
Λ.	instruments

a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock;	e. Compass:	f. Turn and bank:
Yes X No g. Directional gyro:	Yes No X h. Artificial horizon:	Yes X No	Yes _X No	Yes X No	Yes_XNo
Yes No X	Yes X No	Yes _X_ No	Yes X No		

a. Glass:	b. Fabric:	c. Tires: N/A	d. Paint:
Good X Fair Poor	Good X Fair Poor	Good Fair Poor	Good X Fair Poor
e. Seat belts:	f. Shoulder harness:	g. Cabin:	h. Cockpit:
Good X Fair Poor	Good X Fair Poor	Good X Fair Poor	Good X Fair Poor

10. Emergency Equipment

a. First aid kit:	b. Engine fire extinguisher:	e extinguisher: c. Cabin fire extinguisher:	
Yes X No	Yes No X	Yes X No	

11. Electrical System

a. Volts 28	b. Auxiliary Power Unit:	c. H/D battery;	d. Ammeter:
	Yes No X	Yes X No	Yes X No

12. Lights

a. Rotating beacon:	b. Landing:	c. Cockpit	d. Navigation:	e. Other (specify):
Yes X No	Yes_X_ No	Yes_XNo	Yes _X No	

13. Radios and Guidance Equipment

a. VHF system installed as specified:	b. FM radio installed as specified:	c. Selector switch for simo-monitoring of VHF and FM:
Yes X No d. Loran-C guidance system installed:	Yes X No e. GPS guidance system installed:	Yes X No
Yes No _X	YesX No	Yes X Make/Model AgNav / Guia

14. Spray System

a. STCs or 337s for a	all components:	b. Total tank	capacity:	c. Emer	gency dump	system:	d. Operating	oad capacity:	e. Spray system	n make:
Yes X No	)	130	gallons	Yes_X	No_		100	gallons	Simplex	
f. Nozzles: -If Hydraulie:	Туре	s	Size					g. Electronic f	low-metering sys	tem:
-If Rotary atomizer:	Make	N	/lodel					Make/Model	_Crophawk/	

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
		SEE PILOT SHEETS			
		SEATING TO STREET	<u> </u>		
		<u></u>			

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licen
<del></del>	Hours			Date	Number
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					_
			_		
Certification					
rtify that the information	n contained herein is	accurate.			
	NOM	•			
Kirk Martin Signature – Contracto	- JOONE		er	02/19/	
Signature - Contracto	<u> </u>	Title		Da	ate
ve reviewed the informa	tion provided. Based	ect Coordinator (For DE) I upon that review, my determin ector Management insect suppres	ation of the airc	raft's compliance w	ith the
ve reviewed the informa	tion provided. Based set forth in DEP's Ve	ect Coordinator (For DE) I upon that review, my determin ector Management insect suppres	ation of the airc	raft's compliance wo	rith the
ve reviewed the informatirements for aircraft as s  Meets requirements	tion provided. Based set forth in DEP's Ve s;	i upon that review, my determin	ation of the airc	raft's compliance w ontract specification	rith the ns is as follo
ve reviewed the informatirements for aircraft as s  Meets requirements	tion provided. Based set forth in DEP's Ve s;	I upon that review, my determin ector Management insect suppression, see explanation below.	ation of the airc	ontract specification	ns is as follo
ve reviewed the informatirements for aircraft as s  Meets requirements	tion provided. Based set forth in DEP's Ve s;	I upon that review, my determin ector Management insect suppres	ation of the airc	ontract specification	rith the ns is as follo
ve reviewed the informatirements for aircraft as sometime.  Meets requirements  Does not meet requirements	tion provided. Based set forth in DEP's Ventage in the set forth in DEP's Ventage irements. If rejected in the set of the	d upon that review, my determine ctor Management insect suppress, see explanation below.  Signature – Vector Management insect suppress.	ation of the airc	ontract specification	ns is as follo
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ve reviewed the informatirements for aircraft as a second meet requirements.  Does not meet requirements.  Review — Aircraft Covereviewed this information.	tion provided. Based set forth in DEP's Versi; irements. If rejected perations Advisation and am in agree	i upon that review, my determine ctor Management insect suppressed, see explanation below.  Signature – Vector Management with the decision of the Vector Management insect suppression with the decision of the Vector Management insect suppression with the decision of the Vector Management insect suppression with the decision of the Vector Management with the decision with the de	ation of the aircussion program consistence of the aircussion program	ontract specification of Coordinator ent Project Coordin	Date  ator.
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1. Spray Project	r Applicators, I	tor Intor		elephone 71	17-337-1370						· ·
			0. 10	repriorie /	17-337-1370		r	[ype o	r print	t all inform	ation in ink.
c. Address	_		d. Ci	ty, State, and	Zip Code		r	leturr	comp	leted and s	igned form to
1670 York Road				sburg, PA 17				the Vector Management Project Coordinator. See Contract			
e. Contractor's PA Depa	artment of Agric	ulture pesticio	de application b	usiness licens	s license number: BU2911			Specifications for the name and address.			
					<u> </u>						
2 A Swarp & O		4.									
Aircraft Own     Aircraft is (check one		nation			<u></u>						<del>-</del>
•	•										
Owned X , subcor b. Owner's Name	ntracted,	or leased c. Address	by the spray Same as abo	project contra		000	d Zip Code Sar		have	a Teleuba	717 227
YY-1:		0. 11501000	Dai.10 (3) (100		d. City, State	, (ii)(	reip code sai	ine as a	IDOVC	1370	ne 717-337-
Helicopter Applicators, I	nc.										
					<del></del>						
3. Aircraft Desc	cription ar	ıd Inforn	nation								
a. Type of aircraft (chec	k one):							b. Qt	ualified	under:	
Spray fixed-wing	Spray helic	copter X	Observation f	ixed-wing	Observation	helic	conter	FAD	Part 13	5 Y EAD	Part 137 X
c. Aircraft:					lo. of engines:		FAA Number:		ear bui		enger capacity:
Make Bell	Model 206	Series	L3		1		N641HA	,	1991		6
h. Registration certificat	tion i. A	irworthiness		j. Cruising	speed:		k. Hours of fi		_	since 100-h	our inspection:
Yes X No	Yes	x	No	MPH 100	Knots		3			_0	
m. Major modifications:			140	MIFIT_100	Kilois				Annua	Inspection	Due: 07/17/19
·					<u></u>					<del></del>	<u> </u>
4. Airframe											
a. Hours since new:	b. Used for	acrobatics:	c. Parking b	rakes:	d. Paint schem	ne:	Green/White				
23771.8	Yes	No X	Yes	No X							
	103	ΝΟ_Λ	103	140 A							<u> </u>
5. Engines											
a. Make and model:	· ·			b. Horsep	ower: 650	C	. Type fuel :	Jet A		d. Superch	arger:
Allison 250-C30P										_	
e. Hours since new:			f. Hours since	major overh	aul:	_	g. Hours	before	next m	Yesajor overhau	No X I:
Engine 1 1112.6	Engine 2		Engine 1	65.4	Engine 2						
2.18.10	Diigiilo 2		Eligine I (	05.4	engine z		Engine 1	O/	<u></u>	Engine 2	
6. Propellers											
a. Hours since overhaul:											
	Number 1N	/A N	umber 2								
7. Helicopter Co	mnonente										
a. Hours since new:	тропеци	<u> </u>			b. Hours since ov	erhs	nul:				
Main rates 45 5	Toil	120							_		
Main rotor 45.5 c. Hours before next over		13.9 Trans	smission 337.6		Main rotor 45.5 d. Drop stops:		Tail rotor 41: e. Skids:		Trans	smission_33 f. Rotor	
Main rotor 2054 5	Tail sates	150C1 T	tt <del>-</del> -	.							
Main rotor3954.5 g. Other (specify):	Tail rotor4	586.1 Tran	nsmission 3	715.2	Yes X No		Yes_X_	N	0	Yes	No X

8. Instruments						1					
a. Fuel quantity:	b. Stall wa	arning:	c. Airs	peed:		d. Clock:		e. Comp		fπ	ırn and bank:
Yes X No		_							rass.	1. 10	in and bank.
g. Directional gyro:	h. Artifici	No X al horizon:	Yes_X		0	Yes X j. Rate of clin	No_	Yes_X	No	Yes	X No
						J. Rate of em	no moreator.	·			
Yes X No	Yes X	No	Yes	X_No_		Yes X	No				
9. Condition											
a. Glass:		b. Fabric:				c. Tires: N/	A		d. Pa	int:	
Good X Fair	Poor	Good X	Fair	Poo		Cond	n				_
e. Seat belts:	1001	f. Shoulde	r harness:	F00	н	Good 1 g. Cabin:	FairF	007		X Fair	Poor
Good X Fair	Poor	Good X	Fair	Poo	)r		Fair ]	Poor		X Fair_	Poor
						0000 71	. un	001		ran	F001
10. Emergency Ed	man	4									
a. First aid kit:		Engine fire e	xtinguisher		c Cal	oin fire extinguish	let.				
¥7 ¥7 >1.			•			_	101.				1-0
Yes_XNo	Y	es	No X		Yes_	X No					
11 Flootwice Count	<b>.</b>										
11. Electrical Syst		Auxiliary Po	Y T54.		. ***						-
u. 1010 20	10.	Auxiliary Po	WEI UIIII:		C. H/D	battery:	1	d. Amme	er:		
	Ye	es	No X		Yes	XNo		Yes_X_	No	)	
12. Lights											
a. Rotating beacon:	b. Landing:		c. Cockp	oit		d. Navigation:		e. Other (s	pecify);		
Yes X No	Yes _X	No	Yes X	No			-				
			140 11	210			۱ I				
						Yes X No	)			·	
13. Radios and Gr	uidance l	Fauinme	m f			res_xNo					
<ol> <li>Radios and Gu</li> <li>VHF system installed as</li> </ol>	uidance ]			installed	d as spec			ctor switch	for simo	-monitoring of	'VHF and FM'
a. VHF system installed as	s specified:		. FM radio							-monitoring of	VHF and FM:
VHF system installed as Yes _ X	s specified: No	b	. FM radio	ζ	No	ified:	c. Sele	Yes X		-monitoring of	VHF and FM:
A. VHF system installed as  Yes X  d. Loran-C guidance system	s specified:  No  m installed:	b	Yes 7	ance sys	No_ stcm insta	ified:	c. Sele	Yes_X ARS insta	lled:		VHF and FM:
VHF system installed as Yes _ X	s specified:  No  m installed:	b	Yes 7	ance sys	No	ified:	c. Sele	Yes X ARS insta X_ Mak	iled; e/Model		VHF and FM:
d. Loran-C guidance system	s specified:  No  m installed:	b	Yes 7	ance sys	No_ stcm insta	ified:	c. Sele	Yes_X ARS insta	lled:		VHF and FM:
a. VHF system installed as  Yes X d. Loran-C guidance system  Yes No _X	s specified:  No  m installed:	b	Yes 7	ance sys	No_ stcm insta	ified:	c. Sele	Yes X ARS insta X_ Mak	iled; e/Model		VHF and FM:
A. VHF system installed as  Yes X  d. Loran-C guidance system	No_ m installed:	b	Yes 2 GPS guid	X_ance sys	No_ stcm insta No	ified:	c. Sele	Yes X ARS insta X_ Mak Nav_/	iled; e/Model Guia	No	
a. VHF system installed as  Yes X  d. Loran-C guidance system  Yes No X  14. Spray System	No_ m installed:	b e.	Yes 2 GPS guid	X_ance sys	No_stcm insta	ified:	f. ETG Yes Agi	Yes X ARS insta X_ Mak Nav /	iled; e/Model Guia		

2 10 10 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
a. STCs or 337s for all components:	b. Total tank capacity:	c. Emergency dump system:	d. Operating load capacity:	e. Spray system make:
Yes X No	160gallons	Yes X No	130gallons	Simplex
f. Nozzles: -If Hydraulic: Type	Size		g. Electronic f Yes _X	low-metering system:
-If Rotary atomizer; Make	Model		Make/Model	Crophawk /

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
					·
		SEE PILOT SHEETS			
			<u> </u>		
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	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licen
	110415			Date	Number
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	+		<del></del>		
	-				
Certification					
tify that the information	contained herein is	accurate.	<del></del>		
	NaM	1.0			
Kirk Martin	July and	Secretary/Treasurer	<del></del>	02/19/1	
Signature – Contractor	<del></del>	Title		D	ate
_ Meets requirements;					
_ Does not meet require	ements. If rejected,	, see explanation below.			
	·	Signature - Vector Mana	agement Projec	t Coordinator	Date
<u> Leview – Aircraft Op</u>	perations Advis	or (For DEP Use Only)			
	ion and am in agree	ement with the decision of the Ve	ector Manageme	ent Project Coordin	ator.
e reviewed this informati					
ve reviewed this informati					
ve reviewed this informati		Signature – Aircraft Ope	erations Adviso	r D	ate
ve reviewed this informat		Signature - Aircraft Ope	erations Adviso	r_ D	ate
ve reviewed this informati	· /Fow NFD Had		erations Adviso	r_ D	ate
ve reviewed this informati	ı (For DEP Use		erations Adviso	r D	ate
ve reviewed this informati	ı (For DEP Use		erations Adviso	r_ D	ate
ve reviewed this informati	ı (For DEP Use		erations Adviso	rD	ate
ve reviewed this informati	ı (For DEP Use		erations Adviso	r D	ate

1 - Niaman Unlinearies	TOUR TOUR	<u>Information</u>						
a. Name Helicopter	Applicators, Inc.	l t	b. Telephone	717-337-1370		Tune or prin	t all information in ink.	
c. Address		<del></del>	d. City, State, a	4 7in Onda			oleted and signed form to	
1670 York Road			d. City, State, a Gettysburg, PA			the Vector Management Project Coordinator. See Contract		
e. Contractor's PA Depar	tment of Agriculture	pesticide applicat	tion business lic	cense number: BU	2911		s for the name and	
	<u> </u>							
2 A	- W							
Aircraft Own     Aircraft is (check one):		on			-			
Owned X , subcont	tracted , or leas	sed by the s	spray project co	an transport				
b. Owner's Name			spray project co is above		, and Zip Code S	Same as above	e. Telephone 717-337-	
Helicopter Applicators, In	1C.				, - · · · <u>.</u>		1370	
						<u> </u>		
3. Aircraft Desc	ription and I	nformation						
a. Type of aircraft (check	cone):	HIVI HIMMOTOLI		<del></del> -		b. Qualified	under:	
Spray fixed-wing	Spray helicopter	X Observa	tion fixed-wing	Observation	heliconter	FAR Part 13	35 X FAR Part 137 X	
c. Aircraft:				l. No. of engines:	e. FAA Number			
		SeriesL3		_1	N651HA	1986	6	
h. Registration certificati	on i. Airwor	thiness certification	n j. Cruis	ing speed:	k. Hours of		e since 100-hour inspection:	
Yes X No	Yes X	No	MPH 1	00 Knots	3	Annus	_46.5 al Inspection Due: 03/21/19	
m. Major modifications:	None					1 =	II THIS PROPERTY IN THE VALUE OF THE PARTY O	
4. Airframe								
a. Hours since new:	b. Used for acrob	atics: c. Park	king brakes:	d. Paint schen	ne: Black and S	ilver		
a. Hours since new: 7046.4	b. Used for acrob		king brakes:  No X	d. Paint schen	ne: Black and S	ilver		
7046.4			_	d. Paint schen	ne: Black and S	ilver		
7046.4 5. Engines			No X					
7046.4			No X	d. Paint schen	c. Type fuel:		d. Supercharger:	
5. Engines a. Make and model: Allison 250-C30P		Yes_	No X	sepower; 650	c. Type fuel:	Jet A	Yes No X	
5. Engines a. Make and model:		Yes_	No X	sepower; 650	c. Type fuel:		Yes No X	
5. Engines a. Make and model: Allison 250-C30P		Yes_	No X  b. Hora	sepower; 650	c. Type fuel:	Jet A	Yes No X	
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _ 18347.9	Yes No_X	Yes f. Hours	No X  b. Hora	sepower; 650	c. Type fuel :	Jet A	Yes No X najor overhaul:	
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _18347.9  6. Propellers	Yes No_X	Yes f. Hours	No X  b. Hora	sepower; 650	c. Type fuel :	Jet A	Yes No X najor overhaul:	
5. Engines  a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _ 18347.9  6. Propellers a. Hours since overhaul:	Yes No_X	f. Hours Engine 1	b. Hongs since major ov	sepower; 650	c. Type fuel :	Jet A	Yes No X najor overhaul:	
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _ 18347.9  6. Propellers a. Hours since overhaul:	Yes No No No Engine 2	f. Hours Engine 1	b. Hongs since major ov	sepower; 650	c. Type fuel :	Jet A	Yes No X najor overhaul:	
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _18347.9  6. Propellers a. Hours since overhaul:	Yes No	f. Hours Engine 1	b. Hongs since major ov	sepower; 650	c. Type fuel :	Jet A	Yes No X najor overhaul:	
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _18347.9  6. Propellers a. Hours since overhaul:	Yes No	f. Hours Engine 1	b. Hongs since major ov	sepower; 650	c. Type fuel : g. Hou	Jet A	Yes No X	
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _18347.9  6. Propellers a. Hours since overhaul:  7. Helicopter Colla. Hours since new:	Yes No X  Engine 2  Number IN/A  mponents	f. Hours Engine 1	b. Hongs since major ov	sepower: 650  erhaul:  Engine 2  b. Hours since on	c. Type fuel :  g. Hou  Engine	Jet A rs before next n	Yes No X najor overhaul: Engine 2	
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 _ 18347.9  6. Propellers a. Hours since overhaul:	Yes No X  Engine 2  Number I N/A  mponents  Tail rotor 2197.6	f. Hours Engine 1	b. Hongs since major ov	sepower: 650  erhaul:  Engine 2	c. Type fuel :  g. Hou  Engine	Jet A  rs before next m  1 O/C	Yes No X najor overhaul:	

•	~		
8.	17	strum	OTTO

a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock:	e. Compass:	f. Turn and bank:
Yes X No g. Directional gyro:	Yes No X h. Artificial horizon:	Yes X No	Yes X No	Yes X No	Yes _X No
Yes_XNo	Yes X No	Yes X No	Yes X No		

a. Glass:	b. Fabric:	c. Tires: N/A	d. Paint:	
Good X Fair Poor e. Seat belts:	Good X Fair Poor	Good Fair Poor	Good X Fair Poor	
	f. Shoulder harness:	g. Cabin:	h. Cockpit:	
Good X Fair Poor	Good X Fair Poor	Good X Fair Poor	Good X Fair Poor	

10. Emergency Equipment

a. First aid kit:	b. Engine fire extinguisher:	c. Cabin fire extinguisher:		
Yes_XNo	Yes No X	Yes X No		

11. Electrical System

ZZT ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ				
a. Volts 28	b. Auxiliary Power Unit:	c. H/D battery:	d. Ammeter;	
	Yes No _X	Yes X No	Yes X No	

12. Lights

a. Rotating beacon:	b. Landing:	c. Cockpit	d. Navigation:	e. Other (specify):
Yes X No	Yes_X No	Yes X No	Yes X No	

13. Radios and Guidance Equipment

a. VHF system installed as specified:	b. FM radio installed as specified:	c. Selector switch for simo-monitoring of VHF and FM:
Yes X No	Yes X No	Yes _X No
d. Loran-C guidance system installed:	e. GPS guidance system installed:	f. ETGARS installed:
Yes No _X	YesX No	Yes _X_ Make/Model AgNav / Guia

14. Spray System

a. STCs or 337s for all components:	b. Total tank capacity;	c. Emergency dump system:	d. Operating load capacity:	e. Spray system make:
Yes X No	160gallons	Yes_X No	130 gallons	Simplex
f. Nozzles: -If Hydraulic: Type	Size		g. Electronic f Yes _X	low-metering system:
-If Rotary atomizer: Make	Model		Make/Model	Crophawk /

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
			· · · · · · · · · · · · · · · · · · ·		
		SEE PILOT SHEETS	<u>.</u>		

Name	Total Flight Hours	Aircraft: (continued)  Special Qualifications	Rating	FAA Medical	FAA Licen
				Date	Number
	<del></del>				
			<del></del>		
		<del></del>			
ertification					
tify that the information co	ontained herein is	accurate	<u>.</u>		
	4				
Kirk Martin	NOM			02/19/	.9
Signature - Contractor		Title		_ D	ate
ve reviewed the information	n provided. Based	ect Coordinator (For DEP l upon that review, my determina	ation of the airc	raft's compliance w	rith the
irements for aircraft as set	forth in DEP's Ve	ctor Management insect suppress	sion program co	ontract specificatio	ns is as follow
				•	
Meets requirements;					
Does not meet requirer	ments If rejected	, see explanation below.			
as not most todattor	nonas. 11 rejectou,	see explanation below.			
		Signature – Vector Mana	agement Projec	t Coordinator	Date
eview – Aircraft Ope	erations Advis	or (For DEP Use Only)			
e reviewed this informatio	n and am in agree	ment with the decision of the Ve	ctor Manageme	ent Project Coordin	ator
	Ü		111111111111111111111111111111111111111	one i roject cooran	acoi.
		Signature - Aircraft Ope	erations Adviso	r D:	ate
easons for Rejection	(For DEP Use	Only)			
easons for Rejection	(For DEP Use	Only)		С	
easons for Rejection	(For DEP Use	Only)		12	
Reasons for Rejection	(For DEP Use	Only)		12	
easons for Rejection	(For DEP Use	Only)			
easons for Rejection	(For DEP Use	Only)		12	

1. Spray Projec	t Contrac	ctor Infor	mation									
a. Name Helicopter	Applicators, I	nc,		elephone	717-337-	1370						
								Ţ	ype or prin	t all informa	ation in ink.	
c. Address 1670 York Road			d. C	ity, State, a	nd Zip Co	de			Return completed and signed form to the Vector Management Project			
				/sburg, PA				C	Coordinator	. See Contra	act	
e. Contractor's PA Department of Agriculture pesticide application business lie			ousiness lic	ense numb	er: BU2	2911		pecification ddress.	s for the nat	me and		
					_			4	uui ess.			
						_				<u>-</u>		
2. Aircraft Own	er Inforn	nation										
a. Aircraft is (check one)	:		-									
Owned X , subcon	tracted ,	or leased	by the spray	project cor	ntractor							
b. Owner's Name		c. Address	Same as abo	ove	d.	City, State,	, and Zip	Code Sar	ne as above	e. Telephon	e 717-337-	
Helicopter Applicators, In	nc.									1370		
2 Aimana 64 Dana		1 T C										
3. Aircraft Desc	ription a	<u>ad Intorn</u>	nation						h 01151	4		
1	•								b. Qualified	under:		
Spray fixed-wing c. Aircraft:	Spray heli	copter_X	Observation:		No, of er	servation l		Number:	FAR Part 1;	35 X FAR		
Mala Dall				"	. 140, 01 61	ignies.	C. FAA	. INUITIDET,		nt. g. Passe	enger capacity:	
Make Bell h. Registration certification	Model206_	Series   Airworthiness of		_	ng speed:			660HA	1979		6	
		m worthiness (	Sertification	J. Cruisi	ng speed:		K. 1	Hours of fu	iel: I. Tim	e since 100-ho _0	ur inspection:	
Yes X No m. Major modifications:		X	No	MPH_1	00_ Kı	nots	Щ,	3	Annus	I Inspection I	Due: 07/17/19	
	110110											
						_				·		
A												
4. Airframe	b. Used for	acrobatice	c. Parking	hvoteoo.		loine nels and		/D1 /D	1			
27942					u. r	Paint schem	ie: Gre	y/Blue/Re	1			
	Yes	No_X	Yes	No X								
<i>a</i> .												
5. Engines a. Make and model:			<del></del>	h YTour		(50	- 77	6.1	T 4	1.6		
				D. Hors	epower:	650	c. 1y	pe fuel :	Jet A	d. Superchar	rger:	
Allison 250-C30P e. Hours since new:			f. Hours sinc	2 700:07 077	anda marala			- TY	1 6.		No X	
				e major ove	ernaui:	•		g. Hours	before next m	ajor overhaul:		
Engine I 2610.9	Engine 2		Engine 1	1973.7	Engine	2		Engine 1	O/C	Engine 2		
·												
6. Propellers a. Hours since overhaul:												
	Number 1N	//A. N	umber 2									
7. Helicopter Co	mponent:	<u>s</u>										
a. Hours since new:					b. Hou	rs since ov	erhaul:					
Main rotor 1579.3	Tail rotor	1089.6 T	ransmission 2	542		otor1579	9.3 Ta	il rotor	1089.6 T	ransmission 2	542	
c. Hours before next overl	naul:				d. Dro	p stops:		e. Skids:		f. Rotor l	orakes:	
Main rotor 2420.7	Tail rotor	1410.4 Tra	ansmission	1958	Yes	No_2	x	Yes_X_	No	Yes X	No	
g. Other (specify):												

•	70			
×	773.4	THE PARTY	1777	anta.
8.	<b>BB8</b>	N D. 6 11.	I R 6 8 9	ents

a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock:	e. Compass:	f. Turn and bank:
Yes X No g. Directional gyro:	Yes No X h. Artificial horizon:	Yes X No	Yes X No j. Rate of climb indicator:	Yes X No	Yes X No
Yes_X No	Yes X No	Yes X No_	Yes X No		

a. Glass:	b. Fabric:	c. Tires: N/A	d. Paint:
Good X Fair Poor	Good X Fair Poor	Good Fair Poor	Good X Fair Poor
e. Seat belts:	f. Shoulder harness:	g. Cabin:	h. Cockpit:
Good X Fair Poor	Good X Fair Poor	Good X Fair Poor	Good X Fair Poor

10. Emergency Equipment

a. First aid kit:	b. Engine fire extinguisher:	c. Cabin fire extinguisher:	
Yes_XNo	Yes No X	Yes X No	

11. Electrical System

a. Volts 28	b. Auxiliary Power Unit;	c. H/D battery:	d. Ammeter:
	YesNo_X	Yes X No	Yes X No

12. Lights

a. Rotating beacon:	b. Landing:	c. Cockpit	d. Navigation:	e. Other (specify):
Yes X No	Yes X No	Yes X No	Yes X No	

13. Radios and Guidance Equipment

	222	
a. VHF system installed as specified:	b. FM radio installed as specified:	c. Selector switch for simo-monitoring of VHF and FM:
Yes X No	Yes X No	Yes X No
d. Loran-C guidance system installed:	e. GPS guidance system installed:	f. ETGARS installed:
Yes No _X	YesX No	Yes _X_ Make/Model AgNav / Guia

14. Spray System

a. STCs or 337s for all components:	b. Total tank capacity:	c. Emergency dump system:	d. Operating load capacity:	e. Spray system make:
Yes X No	160gallons	Yes_XNo	130 gallons	Simplex
f. Nozzles: -If Hydraulic: Type	Size		g. Electronic fi Yes _X	low-metering system:
-If Rotary atomizer: Make_	Model		Make/Model_	Crophawk /

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
		SEE PILOT SHEETS		1	
				_	
					<u> </u>

	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licen
	Hours			<u>Date</u>	Number
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74:0:4:					
Certification			<u> </u>		
rtify that the information	contained herein is	accurate.			
Kirk Martin_	NOM	Secretary/Treasur	er	02/19/	10
Signature - Contractor		Title	•x <u></u>	02/19/ Da	
ve reviewed the informati	ion provided. Based	ect Coordinator (For DEI	ation of the airm	raft's compliance w	ith the
ve reviewed the informati	ion provided. Based et forth in DEP's Ve	d upon that review, my determinator Management insect suppres	ation of the airm	raft's compliance wontract specification	ith the
ve reviewed the informati	ion provided. Based et forth in DEP's Ve	upon that review my determin	ation of the airm	raft's compliance wontract specification	ith the
ve reviewed the information aircments for aircraft as set  Meets requirements;	ion provided. Based et forth in DEP's Ve	d upon that review, my determin ector Management insect suppres	ation of the airm	raft's compliance wontract specification	ith the
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ve reviewed the information in the information in the information in the information is seen in the information in the informat	ion provided. Based et forth in DEP's Ve	d upon that review, my determin ector Management insect suppres	ation of the airca	ontract specification	ith the as is as follo
ve reviewed the information in t	ion provided. Based et forth in DEP's Ve rements. If rejected	d upon that review, my determine ctor Management insect suppress, see explanation below.  Signature – Vector Man	ation of the airca	ontract specification	ns is as follo
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### RFQ NUMBER: AGR1900000008 HELICOPTER APPLICATORS, INC. - REFERENCES

#### Pennsylvania DEP

Contact: Doug Orr (717) 497-4606

Scope of Work: Have applied Vectobac 12AS throughout the Commonwealth of Pennsylvania for black fly control for the past 30+ years. In 2018, we sprayed over 50,000 gallons of BTI on rivers throughout Pennsylvania.

#### Maryland Department of Agriculture

Contact: Brian Prendergast

(410) 841-5875

Scope of Work: Applied Vectobac 12AS in Maryland waterways in 2018 for black fly control. Helicopter Applicators, Inc. helped Maryland Dept. of Ag with their first successful black fly program.

#### Pennsylvania DEP

Contact: Matt Helwig

(717) 497-7154

Scope of Work: Applying adulticide and larvicide for the purpose of mosquito control

throughout Pennsylvania.

#### West Virginia Department of Agriculture

Contact: Betsy Reeder

(304) 541-5471

Scope of Work: Have applied Vectobac 12AS for black fly control on West Virginia rivers from 2015-2018, applying approximately 18,000+ gallons during that time

period.

#### Pennsylvania DCNR

Contact: Donald Eggen

(717) 787-2336

Scope of Work: Applying B.T. for the purpose of Gypsy Moth control in Pennsylvania.

HAI has sprayed 200,000+ acres for the past 10 years for PA DCNR.