



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

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

Proc Folder: 535305

Doc Description: Aerial Application for Black Fly

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-02-11	2019-02-26 13:30:00	CRFQ 1400 AGR1900000008	1

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON  
 US

WV 25305

RECEIVED

2019 FEB 22 AM 8:18

**VENDOR**

Vendor Name, Address and Telephone Number:

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

WV PURCHASING  
 DIVISION

**FOR INFORMATION CONTACT THE BUYER**

Melissa Pettrey  
 (304) 558-0094  
 melissa.k.pettrey@wv.gov

Signature X

*[Handwritten Signature]*

FEIN #

52-1005852

DATE

02/18/19

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

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.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER 304-558-2221 AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV25305-0173 US	AUTHORIZED RECEIVER 304-558-2212 AGRICULTURE DEPARTMENT OF PLANT INDUSTRIES DIVISION 275 GUS R DOUGLAS LN, BLDG 6 CHARLESTON WV 25312 US

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



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

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 13:30:00	CRFQ 1400 AGR1900000008	2

**TO RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

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

FEIN # 52-1005852

DATE 02/18/19

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

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.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER 304-558-2221		AUTHORIZED RECEIVER 304-558-2212	
AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES		AGRICULTURE DEPARTMENT OF PLANT INDUSTRIES DIVISION	
1900 KANAWHA BLVD E		275 GUS R DOUGLAS LN, BLDG 6	
CHARLESTON WV25305-0173		CHARLESTON WV 25312	
US		US	

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**


KNOWN ALL BY THESE PRESENTS, That we, Helicopter Applicators, Inc., as Principal, and The Ohio Casualty Insurance Company, as Surety, are held and firmly bound unto State of West Virginia, Dept. of Administration, Purchasing Division, as Obligee, in the sum of five percent of the total amount bid and all add alternates Dollars ( 5% ) for the payment of which we bind ourselves, and our successors and assigns, jointly and severally, as provided herein.

WHEREAS, Principal has submitted or is about to submit a bid to the Obligee on a contract for Aerial Application for Black Fly Control - RFO#AGR1900000008 ("Project").

NOW, THEREFORE, the condition of this bond is that if Obligee accepts Principal's bid, and Principal enters into a contract with Obligee in conformance with the terms of the bid and provides such bond or bonds as may be specified in the bidding or contract documents, then this obligation shall be void; otherwise Principal and Surety will pay to Obligee the difference between the amount of Principal's bid and the amount for which Obligee shall in good faith contract with another person or entity to perform the work covered by Principal's bid, but in no event shall Surety's and Principal's liability exceed the penal sum of this bond.

Signed this 26th day of February, 2019.

**Helicopter Applicators, Inc.**  
(Principal)

By:   
Kirk A. Martin - Secretary / Treasurer

**The Ohio Casualty Insurance Company**  
By:   
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

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. Weldenhammer

all of the city or Lancaster state of PA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf 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 thereto this 13th day of July, 2018



The Ohio Casualty Insurance Company  
Liberty Mutual Insurance Company  
West American Insurance Company  
By: [Signature]  
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss  
COUNTY OF MONTGOMERY

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 notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Teresa Pastella, Notary Public  
Upper Merion Twp., Montgomery County  
My Commission Expires March 23, 2021  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
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 if 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, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company 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 Company by their signature and execution of any such instruments and to attach thereto the seal 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-in-fact 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. Llewellyn, 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 26th day of February, 2019.



By: [Signature]  
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-632-8240 between 9:00 am and 4:30 pm EST on any business day.

**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)

Kirk A. Martin, Secretary/Treasurer - Helicopter Applicators, Inc.

(Printed Name and Title)

1670 York Rd., Gettysburg, PA 17325

(Address)

717-337-1370 / 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.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> 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 Applicators, Inc.

Company



Authorized Signature

02/18/19

Date

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



REQUEST FOR QUOTATION  
Aerial Application of Black Fly Control

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**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

EXHIBIT A Pricing Page Aerial Application Black Fly Control

PRICING PAGE

Item No.	Description	Brand Name	Estimated gallons of BTI applied	Fixed cost per Gallons applied	Extended Cost
3.	Aerial Application for Black Fly Control	Vectobac 12AS	4500	\$87.68	\$394,560.00
<b>Total Bid Amount</b>					


Bidder / Vendor Information

Name: Helicopter Applicators, Inc.

Address: 1670 York Rd.  
Gettysburg, PA 17325

Phone: 717-337-1370

Email Address: kmartin@helicopterapplicators.com

Authorized Signature:  Kirk A. Martin, Secretary/Treasurer

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 exceeds 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:**

Vendor's Name: Helicopter Applicators, Inc.

Authorized Signature: [Signature] Date: 02/18/19

State of PA

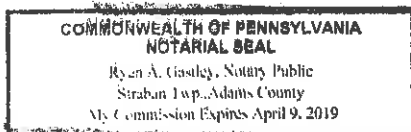
County of ADAMS, to-wit:

Taken, subscribed, and sworn to before me this 18<sup>th</sup> day of FEB, 2019.

My Commission expires APRIL 9, 2019, 20    .

**AFFIX SEAL HERE**

**NOTARY PUBLIC**



[Signature]  
Purchasing Affidavit (Revised 01/19/2018)

**RFQ NUMBER: AGR1900000008**  
**HELICOPTER APPLICATORS, INC. - PILOT INFORMATION**

**Name: Thomas Green**

**Comm. Certificate Numbers: FAA No.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

**Airplane Single Engine Land**

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

Airplane Single Engine Land

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

SK-61

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**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:** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft – Helicopters, ASEL**

**West Virginia Applicators License: No.** [REDACTED]

**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.** [REDACTED]

**Ratings: Rotorcraft - Helicopters**

**West Virginia Applicators License: No.** [REDACTED]

**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>Green Thomas N</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code same as above	c. Telephone [REDACTED]	d. Relationship [REDACTED]
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## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer <b>Helicopter Applicators Inc</b>	b. Address, City, State, Zip Code <b>1670 York Rd</b>	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor
d. Is employment: Full-time    Seasonal <input checked="" type="checkbox"/>	e. Employer's PA Department of Agriculture's pesticide application business license number: <b>BU2911                      WV License # 0562</b>	

## 4. Airman Certificate Information

a. Type: <b>COMM <input checked="" type="checkbox"/> ATP</b>	b. Certificate number: <b>189444897</b>	c. Current instrument rating? Yes _____ No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings):	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No _____
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## 5. Medical Information

a. Classification: <b>2nd</b>	b. Date of current medical certificate: <b>9/16/18</b>	c. Limitations: <b>must have glasses for near sight</b>
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## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	4900	100	c. List any related schools or training sessions attended within the last three years (if none, check here _____) <b>Helicopter Safety Training 2018 NEAAA Conferences 2005-2019      PASS Safety Program</b>
Night (10 hours required)	25	0	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	4800	100	
Weight class (category) to be flown on contract (100 hours required)	4800	100	
Make, model, and series to be flown on contract (20 hours required)	3100	100	
Pesticide application in terrain typical of contract area (50 hours required)	3700	100	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	10000+	500+	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	17		d. Have you had any aircraft accidents within the past three years? Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps?  Yes <input checked="" type="checkbox"/> No _____			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes _____ No _____) AgNav (Yes _____ No _____)
			g. Number of hours flown with either in past 12 months:      100

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2018	Pa DEP-Blackfly	[Redacted] 717-497-4606	Bell 206L3 OH58	Blackfly
2018	Pa DEP-Gypsy Moth	[Redacted] 717-783-0995	Bell 206L3	Gypsy Moth
2017	WV Dept of Ag-Blackfly	[Redacted] 304-541-5471	OH58	Blackfly
2016-17	Crop Production Services Virginia	[Redacted] 804-241-8118	Bell 206L3 OH58	Pine Release

\*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.

\_\_\_\_\_ Thomas N Green \_\_\_\_\_ 2/15/19 \_\_\_\_\_ *Thomas N Green* \_\_\_\_\_ 2/18/19  
 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.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6d. Details and explanation of any aircraft accidents within last three years.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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: <https://wvplants.wvda.us> .

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 000H0Q 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  
 Gettysburg PA 17325



**Thomas N. Green**

Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
13E-Black Fly Control	17	20	3	Due 12/31/2020
14-Aerial	0	0	0	Due 12/31/2020

*Thomas N. Green*

NOT TRANSFERABLE  
 AUTHORIZED REPRESENTATIVE

**UNITED STATES OF AMERICA** XI  
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

NAME  
**THOMAS NELSON GREEN**

[REDACTED]

NATIONALITY USA SEX HEIGHT WEIGHT HAIR EYES  
 No. D.O.B. [REDACTED] [REDACTED]

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

**COMMERCIAL PILOT**  
 CERTIFICATE NUMBER [REDACTED]  
 DATE OF ISSUE [REDACTED] FEB 2010




**THOMAS NELSON GREEN** XII RATINGS

COMMERCIAL PILOT  
 ROTORCRAFT HELICOPTER  
 PRIVATE PRIVILEGES  
 AIRPLANE SINGLE ENGINE LAND

XIII LIMITATIONS

INSURELY PROFICIENT.  
 NOT VALID FOR CARRIAGE OF PERSONS FOR HIRE IN AIRPLANES ON  
 CROSS-COUNTRY FLIGHTS OF MORE THAN 50 NAUTICAL MILES OR AT NIGHT.

SIGNATURE OF HOLDER  
*Thomas N Green*

**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.

Limitations  
Must have available glasses for near vision.

Date of Examination  
09/28/2018

Examiner's Designation No.  
000017699

Examiner  
Signature  
*Michael Zittle, DO*  
Typed Name  
MICHAEL ZITTLE, DO

AIRMAN'S SIGNATURE  
*Thomas N. Green*

Applicant ID: [Redacted]

# Pilot Information Form

## 1. Personal Information

a. Name (Last, first, middle initial) <b>Miller, Benjamin P.</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code Same as above	c. Telephone [REDACTED]	d. Relationship [REDACTED]
-----------------------	--	----------------------------	-------------------------------

## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators, Inc.	b. Address, City, State, Zip Code 1670 York Rd., Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <b>WV License # 0562</b>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP	b. Certificate number: 3420248	c. Current instrument rating? Yes ___ No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): Rotorcraft - Helicopter	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No ___
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## 5. Medical Information

a. Classification: Second	b. Date of current medical certificate: 01/25/2019	c. Limitations: Must wear corrective Lenses
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## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	1873.4	301.4	c. List any related schools or training sessions attended within the last three years (if none, check here ___)  <b>PAAAS Program (2014-19)</b>  Helicopter Safety Training – Lon Wimberly – Jan. 2018 Bell UH1H & 206L3
Night (10 hours required)	22.8	0.9	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	1873.4	301.4	
Weight class (category) to be flown on contract (100 hours required)	1873.4	301.4	
Make, model, and series to be flown on contract (20 hours required)	1708.1	294.1	
Pesticide application in terrain typical of contract area (50 hours required)	1504.4	301.4	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	7445	2652	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	6		d. Have you had any aircraft accidents within the past three years? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps? Yes <input checked="" type="checkbox"/> No			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes ___ No <input checked="" type="checkbox"/> AgNav (Yes <input checked="" type="checkbox"/> No ___)
			g. Number of hours flown with either in past 12 months: 301.4

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2015-2018	WV Dept of Ag – Black Fly Suppression		Bell 206/OH-58	Black Fly
2014-2017	NJ DEP – Mosquito Control		Bell 206/OH-58	Mosquito
2016-2018	Cleveland Museum of Natural History		Bell 206/OH-58	Phragmites Herbicide
2016-2018	CPS (VA) – Forestry Herbicide		Bell 206/OH-58	Forestry Herbicide
2014-2018	Grimmel Farms – Maryland		Bell 206/OH-58	Corn Fungicide
2016-2018	PA DEP – Black Fly Suppression		Bell 206/OH-58	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.

\_\_\_\_\_ Ben Miller \_\_\_\_\_ 02/14/19 \_\_\_\_\_ Kirk A. Martin *KAM* 02/14/19  
 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)**



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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: <https://wvplants.wvda.us>.

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 000KBB 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  
**Benjamin Miller**  
 Helicopter Applicators, Inc.  
 1670 York Road  
 Gettysburg PA 17325

**Benjamin Miller**

Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
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
9-Plant Health	0	20	20	Due 12/31/2021
13E-Black Fly Control	0	20	20	Due 12/31/2021
14-Aerial	0	0	0	Due 12/31/2021

*Handwritten signature*

**NOT TRANSFERABLE**

**AUTHORIZED REPRESENTATIVE**







WILLIAM PAUL MILLER  
COMMERCIAL PILOT  
ROTORHOPPER'S HELICOPTER  
EXPIRES...

EXPIRES  
EXPIRES

SIGNATURE  
OF HOLDER

*William Paul Miller*

### MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

**BENJAMIN Paul MILLER**  
[Redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Limitations

Must wear corrective lenses.

Date of Examination

01/25/2019

Examiner's Designation No.

000012699

Examiner

Signature

*Michael Zittle, DO*

Typed Name

MICHAEL ZITTLE, DO

AIRMAN'S SIGNATURE

*B P M*

Applicant ID: [Redacted]

Control No.: [Redacted]

### 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.

Fold Here

# Pilot Information Form

## 1. Personal Information

a. Name (Last, first, middle initial) <b>Heffner, Brock, T</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code [REDACTED]	c. Telephone [REDACTED]	d. Relationship [REDACTED]
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## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators Inc.	b. Address, City, State, Zip Code 1670 York Rd, Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/>
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/>	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <span style="margin-left: 50px;"><b>WV License # 0562</b></span>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP <input type="checkbox"/>	b. Certificate number: 3421939	c. Current instrument rating? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): Rotorcraft - Helicopter	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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## 5. Medical Information

a. Classification:  2 <sup>nd</sup>	b. Date of current medical certificate: 06/04/18	c. Limitations: Must have available lenses that correct for distant vision
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## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	2769	356	c. List any related schools or training sessions attended within the last three years (if none, check here _____)  <b>NEAAA 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019</b>  Bell Ground School & Flight - Feb. 2018
Night (10 hours required)	100	4	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	2486	356	
Weight class (category) to be flown on contract (100 hours required)	2486	356	
Make, model, and series to be flown on contract (20 hours required)	2486	356	
Pesticide application in terrain typical of contract area (50 hours required)	2486	356	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	3500+	500+	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	8	[REDACTED]	d. Have you had any aircraft accidents within the past three years? Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> AgNav (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			g. Number of hours flown with either in past 12 months: <span style="float: right;">300</span>

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2010-18	Helicopter Applicators Inc/ Gettysburg PA	[REDACTED]	Bell 206/oh58/47/205	various
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 *KAM* 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)



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1960 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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: <https://wvplants.wvda.us> .

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 0014FQ and your Pin: 25502).

FOR USE ONLY IN CATEGORIES LISTED  
 WEST VIRGINIA CERTIFICATION  
**1,3,6,7,9,13E,14**

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

**Brock Heffner**

Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
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
7-Road-Of-Way/Industrial Weed	0	20	20	Due 12/31/2021
9-Public Health	0	20	20	Due 12/31/2021
13E-Black Fly Control	0	20	20	Due 12/31/2021
14-Soil	0	0	0	Due 12/31/2021

*Brock Heffner*

NOT TRANSFERABLE

AUTHORIZED REPRESENTATIVE

# PILOT DOCUMENTS

UNITED STATES OF AMERICA  
 Department of Transportation  
 Federal Aviation Administration

**MEDICAL CERTIFICATE SECOND CLASS**

This certifies that (Full name and address):  
**BROCK THOMAS HEFFNER**  
 [REDACTED]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations  
 Must wear corrective lenses.

Date of Examination: 04/29/2016  
 Examiner's Designation No.: 000012699

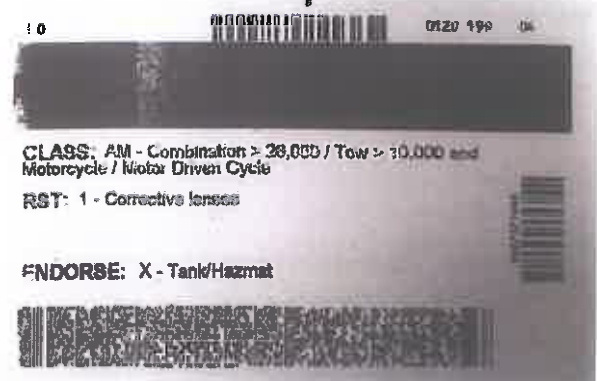
Examiner Signature: *[Signature]*  
 Typed Name: MICHAEL A ZITTEL DO

AIRMAN'S SIGNATURE: *[Signature]*  
 Applicant ID: [REDACTED] Control No.: [REDACTED]

FAA Form 8900-9 (2-10) Supersedes Previous Edition



**NO PASSPORT INFORMATION  
 ON FILE**



UNITED STATES OF AMERICA  
Department of Transportation  
Federal Aviation Administration

### MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

**BROCK Thomas HEFFNER**  
[Redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Must wear corrective lenses.

Date of Examination

06/04/2018

Examiner's Designation No.

000012699

Examiner

Signature

Typed Name

MICHAEL ZITTLE, DO

AIRMAN'S SIGNATURE  
[Redacted]

Applicant ID: [Redacted]

Control No.: [Redacted]

### 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.

FAA Form 8500-9

(3-12) Supersedes Previous Edition

NSN: 0052-00-670-7002

(Cut on dashed line)



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

**BROCK Thomas HEFFNER**  
[Redacted]

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 Information

a. Name (Last, first, middle initial) <b>Riley, Daniel J.</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address 8 Springwood T [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code Same as above	c. Telephone Same	d. Relationship [REDACTED]
-----------------------	--	----------------------	-------------------------------

## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators, Inc.	b. Address, City, State, Zip Code 1670 York Road, Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <b>WV License # 0562</b>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP	b. Certificate number: 3047225	c. Current instrument rating? Yes ___ No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): Rotorcraft	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No ___
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## 5. Medical Information

a. Classification: Second	b. Date of current medical certificate: 02/13/19	c. Limitations: Glasses
------------------------------	---	----------------------------

## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	13125	540	c. List any related schools or training sessions attended within the last three years (if none, check here ___) <b>NEAAA Conference 2005-2019 PAAAS Safety Program</b>
Night (10 hours required)	85	0	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	12350	540	
Weight class (category) to be flown on contract (100 hours required)	8220	540	
Make, model, and series to be flown on contract (20 hours required)	8220	540	
Pesticide application in terrain typical of contract area (50 hours required)	7670	540	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	22,400	2000+	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	31	[REDACTED]	d. Have you had any aircraft accidents within the past three years? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps? Yes <input checked="" type="checkbox"/> No			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes <input checked="" type="checkbox"/> No ___) AgNav (Yes <input checked="" type="checkbox"/> No ___)
			g. Number of hours flown with either in past 12 months: 540

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2002-19	PA DEP	[REDACTED]	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 *[Signature]* 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)**



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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: <https://wvplants.wvda.us> .

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 000H0P 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



**Daniel J. Riley**

Continuing Education Credit Information	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

*[Signature]*

NOT TRANSFERABLE

AUTHORIZED REPRESENTATIVE





DANIEL JAMES RILEY

X1 847808

COMMERCIAL PILOT  
AIRPLANE SINGLE ENGINE LAND, INSTRUMENT AIRPLANE,  
MULTI-CRUIT HELICOPTER

ENGLISH PROFICIENT

ENGLISH PROFICIENT

VI SIGNATURE  
OF HOLDER

Daniel James Riley

UNITED STATES OF AMERICA  
**Department of Transportation**  
 Federal Aviation Administration

**MEDICAL CERTIFICATE SECOND CLASS**

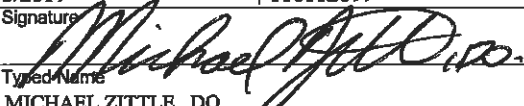
This certifies that *(Full name and address)*:  
 DANIEL James RILEY  
 8 Springwood tr  
 Fairfield PA 17320 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations	Must wear corrective lenses.
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Date of Examination: 02/13/2019	Examiner's Designation No. 000012699
------------------------------------	---

Examiner	Signature 
	Typed Name MICHAEL ZITTLE, DO

AIRMAN'S SIGNATURE 	
Applicant ID: [REDACTED]	Control No.: [REDACTED]

# Pilot Information Form

## 1. Personal Information

a. Name (Last, first, middle initial) <b>Martin, Glenn A.</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code Same as above	c. Telephone Same as above	d. Relationship [REDACTED]
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## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators, Inc.	b. Address, City, State, Zip Code 1670 York Road, Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <b>WN License # 0562</b>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP	b. Certificate number: 1911744	c. Current instrument rating? Yes ___ No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): ASEL, Rotorcraft,	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No ___
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## 5. Medical Information

a. Classification: Second	b. Date of current medical certificate: 10/12/2018	c. Limitations: Possess Glasses
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## 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 revoked in Pennsylvania or on any state, federal, or other program?
All aircraft (1,000 hours required)	17710	105	Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>  c. List any related schools or training sessions attended within the last three years (if none, check here ___)  Bell Ground School and Flight: Feb. 2002, 2003, 2004, 2006, 2007, 2008, 2009, 2010, 2014, 2015  NEAAA Conference (Harrisburg, PA & Dover, DE) 2002-2019 PAAAS Safety Program
Night (10 hours required)	674	2	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	17610	105	
Weight class (category) to be flown on contract (100 hours required)	6400	50	
Make, model, and series to be flown on contract (20 hours required)	5575	50	
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 of contract areas (2 required)	48		d. Have you had any aircraft accidents within the past three years? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps? Yes <input checked="" type="checkbox"/> No			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes ___ No ___) AgNav (Yes <input checked="" type="checkbox"/> No ___)
g. Number of hours flown with either in past 12 months:			105

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2003-07	DE Mosq. Control	[REDACTED]	Bell 206	Mosquito
2000-11	PA DEP		Bell 205/206	Black Fly
2000-14	PA DEP		Bell 205/206	Black Fly
2000-17	PA DEP		Bell 205/206	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.

Glenn A. Martin                      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)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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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: 000FMN and your Pin: 11528).

FOR USE ONLY IN CATEGORIES LISTED  
 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

[Redacted] **Glenn A. Martin**

Continuing Education 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-Blow Fly Control	0	20	20	Due 12/31/2021
14-Aerial	0	20	20	Due 12/31/2019

*Glenn A. Martin*

**NOT TRANSFERABLE** AUTHORIZED REPRESENTATIVE

# PILOT DOCUMENTS

UNITED STATES OF AMERICA  
Department of Transportation  
Federal Aviation Administration

## MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):  
GLENN Allen MARTIN  
[REDACTED]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations: Must wear corrective lenses. Not valid for any class after 9/30/2017.

Date of Examination: 09/09/2016  
Examiner's Designation No.: 000016911

Examiner Signature: [Signature]  
Typed Name: JOSEPH WILSON, MD  
AIRMAN'S SIGNATURE: [Signature]

Applicant ID: 1997066618  
Control No.: [REDACTED]

FAA Form 8500-9 (3-12) Supersedes Previous Editions



NO PASSPORT INFORMATION  
ON FILE

NO IMAGE ON FILE



# Pilot Information Form

## 1. Personal Information

a. Name (Last, first, middle initial)	b. Home telephone	Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.
<b>Rudisill, Daniel J.</b>	[REDACTED]	
c. Home address	d. City, State, and Zip Code	
[REDACTED]	[REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number:		
[REDACTED]		

## 2. Emergency Contact

a. Name	b. Address, City, State, Zip Code	c. Telephone	d. Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

## 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 <input checked="" type="checkbox"/> Subcontractor
Helicopter Applicators, Inc.	1670 York Road, Gettysburg, PA 17325	
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <b>WV License # 0562</b>	

## 4. Airman Certificate Information

a. Type:	b. Certificate number:	c. Current instrument rating?	d. Type ratings (include heavy A/C type ratings):	e. FAR Part 137 qualified?
COMM <input checked="" type="checkbox"/> ATP	2771160	Yes _____ No <input checked="" type="checkbox"/>	ASEL, Rotorcraft,	Yes <input checked="" type="checkbox"/> No _____

## 5. Medical Information

a. Classification:	b. Date of current medical certificate:	c. Limitations:
Second	01/30/20	Lenses Available

## 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 revoked in Pennsylvania or on any state, federal, or other program?
All aircraft (1,000 hours required)	12000	300	Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
Night (10 hours required)	320	5	c. List any related schools or training sessions attended within the last three years (if none, check here _____)
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	12000	300	
Weight class (category) to be flown on contract (100 hours required)	6010	300	<b>MD500E Factory Training – 3/2006</b>  Bell Helicopter Ground and Flight School (Jan. 2009) (Jan.2010) (Jan. 2014) (Jan. 2018) NEAAA Conference – Harrisburg, PA & Dover, DE 2008-2019 PAAAS Safety Program
Make, model, and series to be flown on contract (20 hours required)	6010	300	
Pesticide application in terrain typical of contract area (50 hours required)	5000	200	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	20000+	500 +	d. Have you had any aircraft accidents within the past three years? Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	24		
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps?			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes <input checked="" type="checkbox"/> No _____) AgNav (Yes <input checked="" type="checkbox"/> No _____)
Yes <input checked="" type="checkbox"/> No			g. Number of hours flown with either in past 12 months: 50

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2005-2018	PA DEP	[REDACTED]	Bell 206/Bell 205	Black Fly
2005	WV Dept. of Ag		Bell 206	Black Fly
2006-2017	Pennsylvania DCNR		Bell 206	Gypsy Moth

\*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.

\_\_\_\_\_ Dan Rudisill \_\_\_\_\_ 02/14/19 \_\_\_\_\_ Kirk A. Martin *[Signature]* 02/14/19 \_\_\_\_\_  
 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.

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



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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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: 000H0M and your Pin: 12563).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

3,13E

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



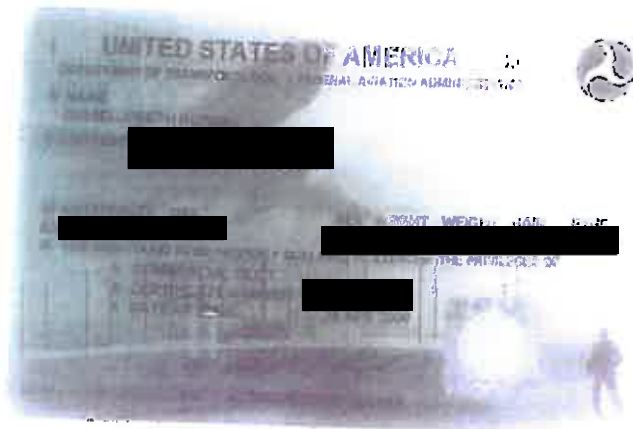
**Daniel Rudisill**

Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
3-Forest Pest Control	16	20	4	Due 12/31/2020
13E-Black Fly Control	0	20	20	Due 12/31/2021

*[Handwritten Signature]*

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):

DANIEL Joseph RUDISILL  
[REDACTED]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Must have available glasses for near vision.

Date of Examination  
01/04/2019

Examiner's Designation No.  
000012699

Examiner

Signature: *Michael Zittle, D.O.*  
Typed Name: MICHAEL ZITTLE, DO

AIRMAN'S SIGNATURE

*[Signature]*

Applicant ID: [REDACTED]

Control No.: [REDACTED]

# Pilot Information Form

## 1. Personal Information

a. Name (Last, first, middle initial) <b>Redding, Brian J.</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code Same as above	c. Telephone [REDACTED]	d. Relationship [REDACTED]
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## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators, Inc.	b. Address, City, State, Zip Code 1670 York Road, Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <b>WV License # 0562</b>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP	b. Certificate number: 3461626	c. Current instrument rating? Yes ___ No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): ASEL, Rotorcraft,	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No ___
--	-----------------------------------	---	--	--

## 5. Medical Information

a. Classification: Second	b. Date of current medical certificate: 03/07/18	c. Limitations: Corrective Lenses
------------------------------	---	--------------------------------------

## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	6837	371	c. List any related schools or training sessions attended within the last three years (if none, check here ___)  Bell Ground School and Flight: Feb. 2002, 2003, 2004, 2006, 2007, 2008, 2009, 2010, 2014, 2018  NEAAA Conference 2002-2019 (Harrisburg, PA & Dover, DE) PAAAS Safety Program
Night (10 hours required)	68	3	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	6737	100	
Weight class (category) to be flown on contract (100 hours required)	6371	371	
Make, model, and series to be flown on contract (20 hours required)	6371	371	
Pesticide application in terrain typical of contract area (50 hours required)	4177	71	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	14,000 +	2000 +	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	20	[REDACTED]	d. Have you had any aircraft accidents within the past three years? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps?  Yes <input checked="" type="checkbox"/> No			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes ___ No ___) AgNav (Yes <input checked="" type="checkbox"/> No ___)
g. Number of hours flown with either in past 12 months: 71			

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2003-07	DE Mosq. Control	[REDACTED]	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		Bell 206	Mosquito

\*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.

\_\_\_\_\_ 02/18/19 \_\_\_\_\_ 02/18/19  
 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)**



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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: <https://wvplants.wvda.us> .

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 000HHA 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



**Brian J. Redding**

Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
3-Forest Pest Control	16	20	4	Due 12/31/2020
13E-Black Fly Control	33	20	0	Due 12/31/2020

*[Handwritten Signature]*

NOT TRANSFERABLE

AUTHORIZED REPRESENTATIVE

B. REDDING



### MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

BRIAN Joseph REDDING  
[Redacted]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Must wear corrective lenses.

Date of Examination  
03/07/2018

Examiner's Designation No.  
000012699

Examiner

Signature

Typed Name

MICHAEL ZITTLE, DO

AIRMAN'S SIGNATURE  
[Redacted]

Applicant ID: [Redacted]

Control No.: [Redacted]

FAA Form 8500-9

(3-12) Supersedes Previous Edition

NSN: 0052-00-670-7002

(Cut on dashed line)

#### 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

BRIAN Joseph REDDING  
[Redacted]

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 Information

a. Name (Last, first, middle initial) <b>Racey, Gerald L.</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code Same as above	c. Telephone Same as above	d. Relationship [REDACTED]
-----------------------	--	-------------------------------	-------------------------------

## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators, Inc.	b. Address, City, State, Zip Code 1670 York Road, Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor
d. Is employment: Full-time      Seasonal <input checked="" type="checkbox"/>	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <b>WV License # 0562</b>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/>	b. Certificate number: 1992804	c. Current instrument rating? Yes      No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): Rotorcraft	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No
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## 5. Medical Information

a. Classification: Second	b. Date of current medical certificate: 08/15/2018	c. Limitations: Corrective Lenses
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## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	13589	16	c. List any related schools or training sessions attended within the last three years (if none, check here _____)  Bell Ground School and Flight: <b>Feb. 2002, 2003, 2004, 2006, 2007, 2008, 2009, 2010, 2014</b>  NEAAA Conference -- Harrisburg, PA & Dover, DE 2002-2018 PAAAS Safety Program
Night (10 hours required)	960	3	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	6900	16	
Weight class (category) to be flown on contract (100 hours required)	6900	16	
Make, model, and series to be flown on contract (20 hours required)	6900	16	
Pesticide application in terrain typical of contract area (50 hours required)	1650	6	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	33400+	20	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	36		d. Have you had any aircraft accidents within the past three years? Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps? Yes <input checked="" type="checkbox"/> No			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes _____ No _____) AgNav (Yes <input checked="" type="checkbox"/> No _____)
			g. Number of hours flown with either in past 12 months:      16

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2015-18	West Virginia Dept of Ag	[REDACTED]	Bell 206	Black Fly
2002-16	Burlington Co.(NJ) Mosq. Control		Bell 206	Mosquito
2004-17	PA DEP		Bell 206	Black Fly
2002-15	Bergen Co.(NJ) Mosq. Control		Bell 206	Mosquito
2002-16	NJ Mosq. Control		Bell 206	Mosquito

\*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.

Signature of Pilot Applicant: Gerald L. Racey *[Signature]* Date: 02/16/2019  
 Attested to by Employer: Kirk A. Martin *[Signature]* Date: 2/16/19

**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)**





**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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: <https://wvplants.wvda.us>.

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 000JHG 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

[Redacted] **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	0	Due 12/31/2019
7-Right-of-Way/Industrial Weed	16	20	4	Due 12/31/2020
13D-Mosquito Control	33	20	0	Due 12/31/2019
13E-Black Fly Control	35	20	0	Due 12/31/2019

*Gerald L. Racey*

**NOT TRANSFERABLE**

**AUTHORIZED REPRESENTATIVE**



1 UNITED STATES OF AMERICA XI

DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

BY NAME  
GERALD LEE RACY

ADDRESS [REDACTED]

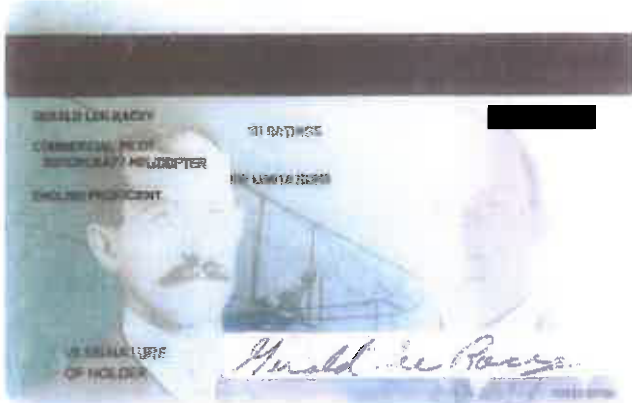
SEX NATIONALITY USA [REDACTED] HEIGHT WEIGHT HAIR EYES  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

EXPIRES [REDACTED]

COMMERCIAL PILOT [REDACTED]

EXPIRES [REDACTED]

DATE OF BIRTH [REDACTED]



HAROLD LEE RAGSDALE

11/15/2010



COMMERCIAL PILOT  
BUSHCRAFT HELICOPTER

11/15/2010

EXPIRES

SIGNATURE  
OF HOLDER

*Harold Lee Ragsdale*

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration  <b>MEDICAL CERTIFICATE SECOND CLASS</b>						
This certifies that (Full name and address): <b>GERALD LEE RACEY</b> [Redacted]						
Date of Birth	Height	Weight	Hair	Eyes	Sex	
[Redacted]						
Regulations, for this class of Medical Certificate.						
Limitations	Must wear corrective lenses, possess glasses for near/intermediate vision. Not valid for any class after 8/31/2019.					
Date of Examination			Examiner's Designation No.			
08/15/2018			000012624			
Examiner	Signature					
						
Typed Name						
GEORGE A ROUSSEL MD, MD						
AIRMAN'S SIGNATURE						
						
Applicant ID: [Redacted]			Control No.: [Redacted]			

**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**

**GERALD LEE RACEY**  
 [Redacted]

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 Information

a. Name (Last, first, middle initial) Stambaugh, Joseph H. Jr.	b. Home telephone [REDACTED]	Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Ground) Pesticide Applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code Same as above	c. Telephone [REDACTED]	d. Relationship [REDACTED]
-----------------------	--	----------------------------	-------------------------------

## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators, Inc.	b. Address, City, State, Zip Code 1670 York Road, Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/>
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/>	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <span style="margin-left: 20px;"><i>WV License # 0562</i></span>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP <input type="checkbox"/>	b. Certificate number: 2736294	c. Current instrument rating? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): Rotorcraft/Helicopter, SK-61 Type Rating	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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## 5. Medical Information

a. Classification: Second	b. Date of current medical certificate: 01/30/2019	c. Limitations: Must wear corrective lenses.
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## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes <input type="checkbox"/> (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	11,200+	330	c. List any related schools or training sessions attended within the last three years (if none, check here <input type="checkbox"/>  <b>January 2017, 2018, &amp; 2019: NEAAA Continuing Education Seminar(s) for Commercial Applicator (2 day course each year).</b> December 2017: NAAA National Conference, Savannah, GA. July 2016: Helicopter Applicators, Inc. FAR Part 135 Initial PIC Qualification in Bell 206 series aircraft. Feb 2017 & Feb 2018: Helicopter Applicators, Inc. FAR Part 135 Annual Recurrent training and proficiency check in B206L series aircraft.
Night (10 hours required)	65+	2	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	10,500+	330	
Weight class (category) to be flown on contract (100 hours required)	10,000+	330	
Make, model, and series to be flown on contract (20 hours required)	500+	330	
Pesticide application in terrain typical of contract area (50 hours required)	200+	50+	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	1,200+	200+	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	7+		d. Have you had any aircraft accidents within the past three years? Yes <input type="checkbox"/> (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2016 - 2018	PA DEP; Pennsylvania rivers and creeks - statewide		Bell UH-1H, Bell 206 series	Black Fly
2015 - 2018	Arnold's Custom Seeding/Hydro Mulching (WV, OH, VA, GA, AL, PA)		Bell UH-1H, Bell 212	Pipeline seeding & reclamation
1997 - 2005	PA DEP; Pennsylvania rivers and creeks - statewide		Bell UH-1H, OH-58, MD500	Black Fly
1997 - 2005	West Virginia Black Fly program		OH-58	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.

*[Signature]*

Signature of Pilot Applicant

02/13/19  
Date

*[Signature]*  
Attested to by Employer

2/13/19  
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)**



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
**1900 Kanawha Blvd. East**  
**Charleston, WV 25305-0190**

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: <https://wvplants.wvda.us>.

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 00199G 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  
 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
13E-Black Fly Control	15	20	5	Due 12/31/2020
14-Aerial	0	0	0	Due 12/31/2020

*Handwritten signature*

NOT TRANSFERABLE

AUTHORIZED REPRESENTATIVE

UNITED STATES OF AMERICA

XI

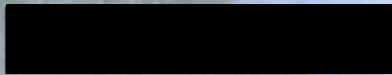


DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

IV NAME

JOSEPH HENRY STAMBAUGH JR

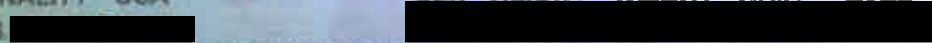
V ADDRESS



VI NATIONALITY USA

SEX HEIGHT WEIGHT HAIR EYES

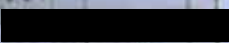
Va D.O.B



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

II FLIGHT INSTRUCTOR

III CERTIFICATE NUMBER



X DATE OF ISSUE

29 JUL 2014

XIV

*[Signature]*

VII

ADMINISTRATOR





JOSEPH HENRY STAMBAUGH JR

XII RATINGS

FLIGHT INSTRUCTOR:  
ROTORCRAFT-HELICOPTER

XIII LIMITATIONS

VALID ONLY WHEN ACCOMPANIED BY PILOT CERTIFICATE NO. 2736294. EXPIRES:  
31 JUL 2016

VI SIGNATURE  
OF HOLDER

*J.H. Stambaugh Jr.*

00001 (1/1/12)

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	Height	Weight	Hair	Eyes	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Must wear corrective lenses.

Date of Examination  
01/30/2019

Examiner's Designation No.  
000012699

Examiner

Signature

Typed Name  
MICHAEL ZITTLE, DO

AIRMAN'S SIGNATURE

Applicant ID: [REDACTED]

Control No.: [REDACTED]

# Pilot Information Form

## 1. Personal Information

a. Name (Last, first, middle initial) <b>Johnsonbaugh, Roger E.</b>	b. Home telephone [REDACTED]	<b>Type or print all information in ink. Complete resume below. Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.</b>
c. Home address [REDACTED]	d. City, State, and Zip Code [REDACTED]	
e. PA Department of Agriculture Category 16 (Invertebrate Pest Control) pesticide applicator's license number: [REDACTED]		

## 2. Emergency Contact

a. Name [REDACTED]	b. Address, City, State, Zip Code Same as above	c. Telephone [REDACTED]	d. Relationship [REDACTED]
-----------------------	--	----------------------------	-------------------------------

## 3. Employer Information (relative to employment on DEP's Vector Management programs)

a. Name of employer Helicopter Applicators, Inc.	b. Address, City, State, Zip Code 1670 York Road, Gettysburg, PA 17325	c. Is employer: Primary contractor <input checked="" type="checkbox"/> Subcontractor
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal	e. Employer's PA Department of Agriculture's pesticide application business license number: BU2911 <b>WV License # 0562</b>	

## 4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP	b. Certificate number: 3471811	c. Current instrument rating? Yes ___ No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): ASEL, Comm. Rotorcraft, Helicopter	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No ___
--	-----------------------------------	---	---	--

## 5. Medical Information

a. Classification: Second	b. Date of current medical certificate: 05/23/2018	c. Limitations: Corrective Lenses
------------------------------	---	--------------------------------------

## 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 revoked in Pennsylvania or on any state, federal, or other program? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
All aircraft (1,000 hours required)	9244	401	c. List any related schools or training sessions attended within the last three years (if none, check here ___)  <b>Bell Ground School and Flight:</b> Feb. 2002, 2003, 2008, 2009, 2010, 2011, 2018  NEAAA Conference 2009-2011, 2017, 2018 – Harrisburg, PA PAAAS Safety Program  MDHC Recurrent (Ground/Flight) – 2012, 2014, 2015
Night (10 hours required)	60	5	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	9031	401	
Weight class (category) to be flown on contract (100 hours required)	9031	401	
Make, model, and series to be flown on contract (20 hours required)	3646	401	
Pesticide application in terrain typical of contract area (50 hours required)	2330	234	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	7000+	2000+	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	15	[REDACTED]	d. Have you had any aircraft accidents within the past three years? Yes ___ (explain on reverse) No <input checked="" type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps?  Yes <input checked="" type="checkbox"/> No			f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes ___ No ___) AgNav (Yes <input checked="" type="checkbox"/> No ___)
			g. Number of hours flown with either in past 12 months: 300

**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
2002-2011, 2016-2018	PA DEP		Bell 206/OH58, UH-1	Black Fly
2005-11	South Florida Water Mgmt. District		Bell 206	Aquatic Vegetation
2008	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.

\_\_\_\_\_ 02/15/2019 \_\_\_\_\_ Kirk A. Martin *KAM* 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)**



**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide Regulatory Programs**  
 1900 Kanawha Blvd. East  
 Charleston, WV 25305-0190

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: <https://wvplants.wvda.us> .

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: 00199F 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

[Redacted] **Roger Johnsonbaugh**

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	18	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
13E-Black Fly Control	15	20	5	Due 12/31/2020
14-Aerial	0	0	0	Due 12/31/2020

*R. Johnsonbaugh*

NOT TRANSFERABLE

AUTHORIZED REPRESENTATIVE

# PILOT DOCUMENTS

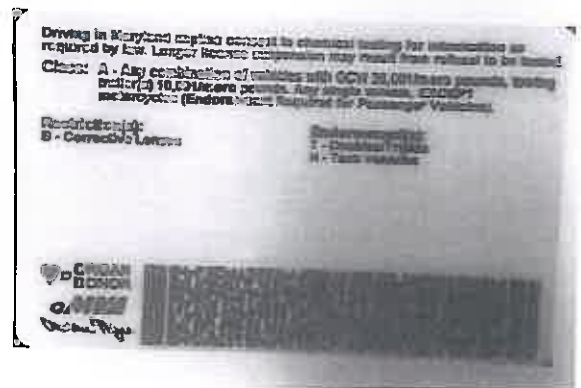
UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration <b>MEDICAL CERTIFICATE SECOND CLASS</b>					
This certifies that (Full name and address): <b>ROGER EARL JOHNSONBAUGH II</b> [REDACTED]					
Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]					
Has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.					
Limitations	Must wear corrective lenses.				
Date of Examination			Examiner's Organization No.		
05/25/2016			[REDACTED]		
Examiner	Signature				
	Typed Name STEPHAN C. MANN, MD				
AIRMAN'S SIGNATURE [Signature]					
Applicant ID: 1996436852					

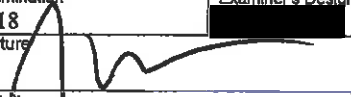

FAA Form 8500-2 (8-12) (2)



See following page

**NO PASSPORT INFORMATION  
ON FILE**



UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration					
<b>MEDICAL CERTIFICATE SECOND CLASS</b>					
This certifies that (Full name and address): ROGER Earl JOHNSONBAUGH II [REDACTED]					
Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.					
Limitations	Must wear corrective lenses.				
Date of Examination 05/23/2018			Examiner's Designation No. [REDACTED]		
Examiner	Signature 				
	Typed Name STEPHAN C. MANN, MD				
AIRMAN'S SIGNATURE 					
Applicant ID: [REDACTED]					

Fold Here

**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.

FAA Form 8500-9 (3-12) Supersedes Previous Edition NSN: 0052-00-570-7002  
(Cut on dashed line)



**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  
[REDACTED]

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 | 3 - Forest Pest Control          |
| 6 - Aquatic Pest Control            | 7 - Right-of-Way/Industrial Weed |
| 9 - Public Health                   | 13D - Mosquito Control           |
| 13E - Black Fly Control             | 14 - Aerial                      |

Qualifying Individual: **Glenn A. Martin**

License No: **0562**  
Plants ID: **000ANF**  
Date Issued: **12/21/2018**  
Expiration Date: **12/31/2019**

Commissioner of Agriculture



SIGNATURE

NOT TRANSFERABLE



**RFQ NUMBER: AGR1900000008**

**HELICOPTER APPLICATORS, INC. - AIRCRAFT INFORMATION**

<b><u>MAKE/MODEL</u></b>	<b><u>FAA REG. #</u></b>	<b><u>SPRAY SYSTEM</u></b>	<b><u>TANK CAPACITY</u></b>
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

# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address 1670 York Road	d. City, State, and Zip Code Gettysburg, PA 17325	
e. Contractor's PA Department of Agriculture pesticide application business license number: BU2911		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____, or leased _____ by the spray project contractor			
b. Owner's Name Helicopter Applicators, Inc.	c. Address Same as above	d. City, State, and Zip Code Same as above	e. Telephone 717-337-1370

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____				b. Qualified under: FAR Part 135 _____ FAR Part 137 <input checked="" type="checkbox"/>	
c. Aircraft: Make <u>Bell</u> Model <u>OH-58</u> Series <u>C</u>		d. No. of engines: <u>1</u>	e. FAA Number: <u>N637HA</u>	f. Year built: <u>1970</u>	g. Passenger capacity: <u>3</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____	k. Hours of fuel: <u>2</u>	l. Time since 100-hour inspection: <u>0</u> Annual Inspection Due: <u>03/16/19</u>	
m. Major modifications: <u>None</u>					

## 4. Airframe

a. Hours since new: <u>13002.2</u>	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: <u>Green/Copper</u>
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## 5. Engines

a. Make and model: <u>Allison 250-C20C</u>	b. Horsepower: <u>420</u>	c. Type fuel: <u>Jet A</u>	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 <u>4799.3</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>3931.3</u> Engine 2 _____		g. Hours before next major overhaul: Engine 1 <u>O/C</u> Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
--

## 7. Helicopter Components

a. Hours since new: Main rotor <u>432.6</u> Tail rotor <u>521.3</u> Transmission <u>4634.4</u>	b. Hours since overhaul: Main rotor <u>432.6</u> Tail rotor <u>521.3</u> Transmission <u>872.6</u>		
c. Hours before next overhaul: Main rotor <u>3167.4</u> Tail rotor <u>1978.7</u> Transmission <u>1527.4</u>	d. Drop stops: Yes <input checked="" type="checkbox"/> No _____	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes _____ No <input checked="" type="checkbox"/>
g. Other (specify): _____			

**8. Instruments**

a. Fuel quantity: Yes <input checked="" type="checkbox"/> No	b. Stall warning: Yes No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No	d. Clock: Yes <input checked="" type="checkbox"/> No	e. Compass: Yes <input checked="" type="checkbox"/> No	f. Turn and bank: Yes <input checked="" type="checkbox"/> No
g. Directional gyro: Yes No <input checked="" type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No	i. Altimeter: Yes <input checked="" type="checkbox"/> No	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No		

**9. Condition**

a. Glass: Good <input checked="" type="checkbox"/> Fair Poor	b. Fabric: Good <input checked="" type="checkbox"/> Fair Poor	c. Tires: N/A Good Fair Poor	d. Paint: Good <input checked="" type="checkbox"/> Fair Poor
e. Seat belts: Good <input checked="" type="checkbox"/> Fair Poor	f. Shoulder harness: Good <input checked="" type="checkbox"/> Fair Poor	g. Cabin: Good <input checked="" type="checkbox"/> Fair Poor	h. Cockpit: Good <input checked="" type="checkbox"/> Fair Poor

**10. Emergency Equipment**

a. First aid kit: Yes <input checked="" type="checkbox"/> No	b. Engine fire extinguisher: Yes No <input checked="" type="checkbox"/>	c. Cabin fire extinguisher: Yes <input checked="" type="checkbox"/> No
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**11. Electrical System**

a. Volts 28	b. Auxiliary Power Unit: Yes No <input checked="" type="checkbox"/>	c. H/D battery: Yes <input checked="" type="checkbox"/> No	d. Ammeter: Yes <input checked="" type="checkbox"/> No
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**12. Lights**

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No	b. Landing: Yes <input checked="" type="checkbox"/> No	c. Cockpit Yes <input checked="" type="checkbox"/> No	d. Navigation: Yes <input checked="" type="checkbox"/> No	e. Other (specify):
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**13. Radios and Guidance Equipment**

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No
d. Loran-C guidance system installed: Yes ___ No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No ___	f. ETGARS installed: Yes <input checked="" type="checkbox"/> Make/Model AgNav / Guia

**14. Spray System**

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No	b. Total tank capacity: 130 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No	d. Operating load capacity: 100 gallons	e. Spray system make: Simplex
f. Nozzles: -If Hydraulic: Type _____ Size _____ -If Rotary atomizer: Make _____ Model _____			g. Electronic flow-metering system: Yes <input checked="" type="checkbox"/> Make/Model Crophawk /	

**15. Pilots Authorized to Fly Described Aircraft:**

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

**15. Pilots Authorized to Fly Described Aircraft: (continued)**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number

**16. Certification**

I certify that the information contained herein is accurate.

\_\_\_\_\_ Kirk Martin \_\_\_\_\_ Secretary/Treasurer  
 Signature – Contractor Title Date 02/19/19

**17. Review – Vector Management Project Coordinator (For DEP Use Only)**

I have reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with the requirements for aircraft 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

**18. Review – Aircraft Operations Advisor (For DEP Use Only)**

I have reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator.

\_\_\_\_\_  
 Signature – Aircraft Operations Advisor Date

**19. Reasons for Rejection (For DEP Use Only)**


# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address 1670 York Road	d. City, State, and Zip Code Gettysburg, PA 17325	
e. Contractor's PA Department of Agriculture pesticide application business license number: BU2911		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____, or leased _____ by the spray project contractor				
b. Owner's Name Helicopter Applicators, Inc.	c. Address Same as above	d. City, State, and Zip Code Same as above	e. Telephone 717-337-1370	

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____				b. Qualified under: FAR Part 135 _____ FAR Part 137 <input checked="" type="checkbox"/>	
c. Aircraft: Make <u>Bell</u> Model <u>OH-58</u> Series <u>A+</u>		d. No. of engines: <u>1</u>	e. FAA Number: <b>N653HA</b>	f. Year built: <u>1971</u>	g. Passenger capacity: <u>3</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____	k. Hours of fuel: <u>2</u>	l. Time since 100-hour inspection: <u>40.6</u> Annual Inspection Due: <b>10/16/19</b>	
m. Major modifications: <u>None</u>					

## 4. Airframe

a. Hours since new: 7922.8	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: <u>Grey/Blue/Red</u>
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## 5. Engines

a. Make and model: <u>Allison 250-C20B</u>	b. Horsepower: <u>420</u>	c. Type fuel: <u>Jet A</u>	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 <u>6030.8</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>6020.8</u> Engine 2 _____		g. Hours before next major overhaul: Engine 1 <u>O/C</u> Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
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## 7. Helicopter Components

a. Hours since new: Main rotor <u>2412.3</u> Tail rotor <u>540.1</u> Transmission <u>6126.4</u>	b. Hours since overhaul: Main rotor <u>2412.3</u> Tail rotor <u>540.1</u> Transmission <u>706</u>		
c. Hours before next overhaul: Main rotor <u>1187.7</u> Tail rotor <u>1959.9</u> Transmission <u>1694</u>	d. Drop stops: Yes <input checked="" type="checkbox"/> No _____	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes _____ No <input checked="" type="checkbox"/>
g. Other (specify): _____			

**8. Instruments**

a. Fuel quantity: Yes <input checked="" type="checkbox"/> No	b. Stall warning: Yes No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No	d. Clock: Yes <input checked="" type="checkbox"/> No	e. Compass: Yes <input checked="" type="checkbox"/> No	f. Turn and bank: Yes <input checked="" type="checkbox"/> No
g. Directional gyro: Yes No <input checked="" type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No	i. Altimeter: Yes <input checked="" type="checkbox"/> No	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No		

**9. Condition**

a. Glass: Good <input checked="" type="checkbox"/> Fair Poor	b. Fabric: Good <input checked="" type="checkbox"/> Fair Poor	c. Tires: N/A Good Fair Poor	d. Paint: Good <input checked="" type="checkbox"/> Fair Poor
e. Seat belts: Good <input checked="" type="checkbox"/> Fair Poor	f. Shoulder harness: Good <input checked="" type="checkbox"/> Fair Poor	g. Cabin: Good <input checked="" type="checkbox"/> Fair Poor	h. Cockpit: Good <input checked="" type="checkbox"/> Fair Poor

**10. Emergency Equipment**

a. First aid kit: Yes <input checked="" type="checkbox"/> No	b. Engine fire extinguisher: Yes No <input checked="" type="checkbox"/>	c. Cabin fire extinguisher: Yes <input checked="" type="checkbox"/> No
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**11. Electrical System**

a. Volts 28	b. Auxiliary Power Unit: Yes <input checked="" type="checkbox"/> No	c. H/D battery: Yes <input checked="" type="checkbox"/> No	d. Ammeter: Yes <input checked="" type="checkbox"/> No
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**12. Lights**

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No	b. Landing: Yes <input checked="" type="checkbox"/> No	c. Cockpit Yes <input checked="" type="checkbox"/> No	d. Navigation: Yes <input checked="" type="checkbox"/> No	e. Other (specify):
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**13. Radios and Guidance Equipment**

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No
d. Loran-C guidance system installed: Yes ___ No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No ___	f. ETGARS installed: Yes <input checked="" type="checkbox"/> Make/Model AgNav / Guia

**14. Spray System**

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No	b. Total tank capacity: 130 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No	d. Operating load capacity: 100 gallons	e. Spray system make: Simplex
f. Nozzles: -If Hydraulic: Type _____ Size _____ -If Rotary atomizer: Make _____			g. Electronic flow-metering system: Yes <input checked="" type="checkbox"/> Make/Model Crophawk /	

**15. Pilots Authorized to Fly Described Aircraft:**

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

**15. Pilots Authorized to Fly Described Aircraft: (continued)**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number

**16. Certification**

I certify that the information contained herein is accurate.

\_\_\_\_\_  
 Kirk Martin  Secretary/Treasurer \_\_\_\_\_  
 Signature – Contractor Title Date 02/19/19

**17. Review – Vector Management Project Coordinator (For DEP Use Only)**

I have reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with the requirements for aircraft 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

**18. Review – Aircraft Operations Advisor (For DEP Use Only)**

I have reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator.

\_\_\_\_\_  
 Signature – Aircraft Operations Advisor Date

**19. Reasons for Rejection (For DEP Use Only)**


# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address 1670 York Road	d. City, State, and Zip Code Gettysburg, PA 17325	
e. Contractor's PA Department of Agriculture pesticide application business license number: BU2911		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____, or leased _____ by the spray project contractor			
b. Owner's Name Helicopter Applicators, Inc.	c. Address Same as above	d. City, State, and Zip Code Same as above	e. Telephone 717-337-1370

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____				b. Qualified under: FAR Part 135 _____ FAR Part 137 <input checked="" type="checkbox"/>	
c. Aircraft: Make <u>Bell</u> Model <u>OH-58</u> Series <u>A+</u>		d. No. of engines: <u>1</u>	e. FAA Number: <u>N654HA</u>	f. Year built: <u>1970</u>	g. Passenger capacity: <u>3</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____		k. Hours of fuel: <u>2</u>	l. Time since 100-hour inspection: <u>75</u> Annual Inspection Due: <b>11/10/19</b>
m. Major modifications: <u>None</u>					

## 4. Airframe

a. Hours since new: 8681.1	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: <u>Grey/Blue/Red</u>
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## 5. Engines

a. Make and model: <u>Allison 250-C20C</u>	b. Horsepower: <u>420</u>	c. Type fuel: <u>Jet A</u>	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 <u>5593</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>5593</u> Engine 2 _____		g. Hours before next major overhaul: Engine 1 <u>O/C</u> Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
--

## 7. Helicopter Components

a. Hours since new: Main rotor <u>130.6</u> Tail rotor <u>2392.4</u> Transmission <u>3546.3</u>	b. Hours since overhaul: Main rotor <u>130.6</u> Tail rotor <u>2392.4</u> Transmission <u>2112.3</u>		
c. Hours before next overhaul: Main rotor <u>3469.4</u> Tail rotor <u>107.6</u> Transmission <u>287.7</u>	d. Drop stops: Yes <input checked="" type="checkbox"/> No _____	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes _____ No <input checked="" type="checkbox"/>
g. Other (specify): _____			







# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address 1670 York Road	d. City, State, and Zip Code Gettysburg, PA 17325	
e. Contractor's PA Department of Agriculture pesticide application business license number: BU2911		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____, or leased _____ by the spray project contractor			
b. Owner's Name Helicopter Applicators, Inc.	c. Address Same as above	d. City, State, and Zip Code Same as above	e. Telephone 717-337-1370

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____				b. Qualified under: FAR Part 135 _____ FAR Part 137 <input checked="" type="checkbox"/>	
c. Aircraft: Make <u>Bell</u> Model <u>OH-58</u> Series <u>A+</u>		d. No. of engines: <u>1</u>	e. FAA Number: <b>N655HA</b>	f. Year built: <u>1970</u>	g. Passenger capacity: <u>3</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____	k. Hours of fuel: <u>2</u>	l. Time since 100-hour inspection: <u>69.1</u> Annual Inspection Due: <u>12/01/19</u>	
m. Major modifications: <u>None</u>					

## 4. Airframe

a. Hours since new: 9690.8	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: <u>Grey/Blue/Red</u>
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## 5. Engines

a. Make and model: <u>Allison 250-C20B</u>	b. Horsepower: <u>420</u>	c. Type fuel: <u>Jet A</u>	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 <u>9641.8</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>9110.4</u> Engine 2 _____		g. Hours before next major overhaul: Engine 1 <u>O/C</u> Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
--

## 7. Helicopter Components

a. Hours since new: Main rotor <u>1464.5</u> Tail rotor <u>1980.5</u> Transmission <u>5723.2</u>	b. Hours since overhaul: Main rotor <u>1464.5</u> Tail rotor <u>1980.5</u> Transmission <u>881.7</u>		
c. Hours before next overhaul: Main rotor <u>2135.5</u> Tail rotor <u>419.5</u> Transmission <u>1518.3</u>	d. Drop stops: Yes <input checked="" type="checkbox"/> No _____	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes _____ No <input checked="" type="checkbox"/>
g. Other (specify): _____			

**8. Instruments**

a. Fuel quantity: Yes <input checked="" type="checkbox"/> No	b. Stall warning: Yes No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No	d. Clock: Yes <input checked="" type="checkbox"/> No	e. Compass: Yes <input checked="" type="checkbox"/> No	f. Turn and bank: Yes <input checked="" type="checkbox"/> No
g. Directional gyro: Yes No <input checked="" type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No	i. Altimeter: Yes <input checked="" type="checkbox"/> No	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No		

**9. Condition**

a. Glass: Good <input checked="" type="checkbox"/> Fair Poor	b. Fabric: Good <input checked="" type="checkbox"/> Fair Poor	c. Tires: N/A Good Fair Poor	d. Paint: Good <input checked="" type="checkbox"/> Fair Poor
e. Seat belts: Good <input checked="" type="checkbox"/> Fair Poor	f. Shoulder harness: Good <input checked="" type="checkbox"/> Fair Poor	g. Cabin: Good <input checked="" type="checkbox"/> Fair Poor	h. Cockpit: Good <input checked="" type="checkbox"/> Fair Poor

**10. Emergency Equipment**

a. First aid kit: Yes No <input checked="" type="checkbox"/>	b. Engine fire extinguisher: Yes No <input checked="" type="checkbox"/>	c. Cabin fire extinguisher: Yes <input checked="" type="checkbox"/> No
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**11. Electrical System**

a. Volts 28	b. Auxiliary Power Unit: Yes No <input checked="" type="checkbox"/>	c. H/D battery: Yes <input checked="" type="checkbox"/> No	d. Ammeter: Yes <input checked="" type="checkbox"/> No
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**12. Lights**

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No	b. Landing: Yes <input checked="" type="checkbox"/> No	c. Cockpit Yes <input checked="" type="checkbox"/> No	d. Navigation: Yes <input checked="" type="checkbox"/> No	e. Other (specify):
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**13. Radios and Guidance Equipment**

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No
d. Loran-C guidance system installed: Yes ___ No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No ___	f. ETGARS installed: Yes <input checked="" type="checkbox"/> Make/Model AgNav / Guia

**14. Spray System**

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No	b. Total tank capacity: 130 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No	d. Operating load capacity: 100 gallons	e. Spray system make: Simplex
f. Nozzles: -If Hydraulic: Type _____ Size _____ -If Rotary atomizer: Make _____ Model _____			g. Electronic flow-metering system: Yes <input checked="" type="checkbox"/> Make/Model Crophawk /	

**15. Pilots Authorized to Fly Described Aircraft:**

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

**15. Pilots Authorized to Fly Described Aircraft: (continued)**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number

**16. Certification**

I certify that the information contained herein is accurate.

\_\_\_\_\_  
 Signature – Contractor

Kirk Martin *Kirk Martin* Secretary/Treasurer  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

02/19/19

**17. Review – Vector Management Project Coordinator (For DEP Use Only)**

I have reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with the requirements for aircraft 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

**18. Review – Aircraft Operations Advisor (For DEP Use Only)**

I have reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator.

\_\_\_\_\_  
 Signature – Aircraft Operations Advisor

\_\_\_\_\_  
 Date

**19. Reasons for Rejection (For DEP Use Only)**


# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name <b>Helicopter Applicators, Inc.</b>	b. Telephone <b>717-337-1370</b>	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address <b>1670 York Road</b>	d. City, State, and Zip Code <b>Gettysburg, PA 17325</b>	
e. Contractor's PA Department of Agriculture pesticide application business license number: <b>BU2911</b>		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____, or leased _____ by the spray project contractor			
b. Owner's Name <b>Helicopter Applicators, Inc.</b>	c. Address <b>Same as above</b>	d. City, State, and Zip Code <b>Same as above</b>	e. Telephone <b>717-337-1370</b>

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____				b. Qualified under: FAR Part 135 _____ FAR Part 137 <input checked="" type="checkbox"/>	
c. Aircraft: Make <u>Bell</u> Model <u>OH-58</u> Series <u>A+</u>		d. No. of engines: <u>1</u>	e. FAA Number: <b>N659HA</b>	f. Year built: <u>1970</u>	g. Passenger capacity: <u>3</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____	k. Hours of fuel: <u>2</u>	l. Time since 100-hour inspection: <u>0</u> Annual Inspection Due: <b>09/11/19</b>	
m. Major modifications: <b>None</b>					

## 4. Airframe

a. Hours since new: <b>6000.7</b>	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: <b>Grey/Blue/Red</b>
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## 5. Engines

a. Make and model: <b>Allison 250-C20C</b>	b. Horsepower: <b>420</b>	c. Type fuel: <b>Jet A</b>	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 <u>4797.1</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>2807.1</u> Engine 2 _____		g. Hours before next major overhaul: Engine 1 <u>O/C</u> Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
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## 7. Helicopter Components

a. Hours since new: Main rotor <u>1612.8</u> Tail rotor <u>1788.4</u> Transmission <u>5227.8</u>	b. Hours since overhaul: Main rotor <u>1612.8</u> Tail rotor <u>1788.4</u> Transmission <u>440.5</u>		
c. Hours before next overhaul: Main rotor <u>1987.2</u> Tail rotor <u>3211.6</u> Transmission <u>1113</u>	d. Drop stops: Yes <input checked="" type="checkbox"/> No _____	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes _____ No <input checked="" type="checkbox"/>
g. Other (specify): _____			

**8. Instruments**

a. Fuel quantity: Yes <input checked="" type="checkbox"/> No	b. Stall warning: Yes No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No	d. Clock: Yes <input checked="" type="checkbox"/> No	e. Compass: Yes <input checked="" type="checkbox"/> No	f. Turn and bank: Yes <input checked="" type="checkbox"/> No
g. Directional gyro: Yes No <input checked="" type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No	i. Altimeter: Yes <input checked="" type="checkbox"/> No	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No		

**9. Condition**

a. Glass: Good <input checked="" type="checkbox"/> Fair Poor	b. Fabric: Good <input checked="" type="checkbox"/> Fair Poor	c. Tires: N/A Good Fair Poor	d. Paint: Good <input checked="" type="checkbox"/> Fair Poor
e. Seat belts: Good <input checked="" type="checkbox"/> Fair Poor	f. Shoulder harness: Good <input checked="" type="checkbox"/> Fair Poor	g. Cabin: Good <input checked="" type="checkbox"/> Fair Poor	h. Cockpit: Good <input checked="" type="checkbox"/> Fair Poor

**10. Emergency Equipment**

a. First aid kit: Yes <input checked="" type="checkbox"/> No	b. Engine fire extinguisher: Yes No <input checked="" type="checkbox"/>	c. Cabin fire extinguisher: Yes <input checked="" type="checkbox"/> No
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**11. Electrical System**

a. Volts 28	b. Auxiliary Power Unit: Yes No <input checked="" type="checkbox"/>	c. H/D battery: Yes <input checked="" type="checkbox"/> No	d. Ammeter: Yes <input checked="" type="checkbox"/> No
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**12. Lights**

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No	b. Landing: Yes <input checked="" type="checkbox"/> No	c. Cockpit Yes <input checked="" type="checkbox"/> No	d. Navigation: Yes <input checked="" type="checkbox"/> No	e. Other (specify):
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**13. Radios and Guidance Equipment**

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No
d. Loran-C guidance system installed: Yes ___ No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No ___	f. ETGARS installed: Yes <input checked="" type="checkbox"/> Make/Model AgNav / Guia

**14. Spray System**

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No	b. Total tank capacity: 130 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No	d. Operating load capacity: 100 gallons	e. Spray system make: Simplex
f. Nozzles: -If Hydraulic: Type _____ Size _____ -If Rotary atomizer: Make _____ Model _____			g. Electronic flow-metering system: Yes <input checked="" type="checkbox"/> Make/Model Crophawk /	

**15. Pilots Authorized to Fly Described Aircraft:**

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

**15. Pilots Authorized to Fly Described Aircraft: (continued)**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number

**16. Certification**

I certify that the information contained herein is accurate.

\_\_\_\_\_  
 Kirk Martin *Kirk Martin* Secretary/Treasurer  
 Signature – Contractor Title Date 02/19/19

**17. Review – Vector Management Project Coordinator (For DEP Use Only)**

I have reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with the requirements for aircraft 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

**18. Review – Aircraft Operations Advisor (For DEP Use Only)**

I have reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator.

\_\_\_\_\_  
 Signature – Aircraft Operations Advisor Date

**19. Reasons for Rejection (For DEP Use Only)**




# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address 1670 York Road	d. City, State, and Zip Code Gettysburg, PA 17325	
e. Contractor's PA Department of Agriculture pesticide application business license number: BU2911		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____, or leased _____ by the spray project contractor			
b. Owner's Name Helicopter Applicators, Inc.	c. Address Same as above	d. City, State, and Zip Code Same as above	e. Telephone 717-337-1370

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____				b. Qualified under: FAR Part 135 <input checked="" type="checkbox"/> FAR Part 137 <input checked="" type="checkbox"/>	
c. Aircraft: Make <u>Bell</u> Model <u>206</u> Series <u>L3</u>		d. No. of engines: <u>1</u>	e. FAA Number: <b>N641HA</b>	f. Year built: <u>1991</u>	g. Passenger capacity: <u>6</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____	k. Hours of fuel: <u>3</u>	l. Time since 100-hour inspection: <u>0</u> Annual Inspection Due: <u>07/17/19</u>	
m. Major modifications: <u>None</u>					

## 4. Airframe

a. Hours since new: <u>23771.8</u>	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: <u>Green/White</u>
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## 5. Engines

a. Make and model: <u>Allison 250-C30P</u>	b. Horsepower: <u>650</u>	c. Type fuel: <u>Jet A</u>	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 <u>1112.6</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>665.4</u> Engine 2 _____		g. Hours before next major overhaul: Engine 1 <u>O/C</u> Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
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## 7. Helicopter Components

a. Hours since new: Main rotor <u>45.5</u> Tail rotor <u>413.9</u> Transmission <u>337.6</u>	b. Hours since overhaul: Main rotor <u>45.5</u> Tail rotor <u>413.9</u> Transmission <u>337.6</u>		
c. Hours before next overhaul: Main rotor <u>3954.5</u> Tail rotor <u>4586.1</u> Transmission <u>3715.2</u>	d. Drop stops: Yes <input checked="" type="checkbox"/> No _____	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes _____ No <input checked="" type="checkbox"/>
g. Other (specify):			

**8. Instruments**

a. Fuel quantity: Yes <input checked="" type="checkbox"/> No	b. Stall warning: Yes No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No	d. Clock: Yes <input checked="" type="checkbox"/> No	e. Compass: Yes <input checked="" type="checkbox"/> No	f. Turn and bank: Yes <input checked="" type="checkbox"/> No
g. Directional gyro: Yes <input checked="" type="checkbox"/> No	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No	i. Altimeter: Yes <input checked="" type="checkbox"/> No	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No		

**9. Condition**

a. Glass: Good <input checked="" type="checkbox"/> Fair Poor	b. Fabric: Good <input checked="" type="checkbox"/> Fair Poor	c. Tires: N/A Good Fair Poor	d. Paint: Good <input checked="" type="checkbox"/> Fair Poor
e. Seat belts: Good <input checked="" type="checkbox"/> Fair Poor	f. Shoulder harness: Good <input checked="" type="checkbox"/> Fair Poor	g. Cabin: Good <input checked="" type="checkbox"/> Fair Poor	h. Cockpit: Good <input checked="" type="checkbox"/> Fair Poor

**10. Emergency Equipment**

a. First aid kit: Yes <input checked="" type="checkbox"/> No	b. Engine fire extinguisher: Yes No <input checked="" type="checkbox"/>	c. Cabin fire extinguisher: Yes <input checked="" type="checkbox"/> No
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**11. Electrical System**

a. Volts 28	b. Auxiliary Power Unit: Yes No <input checked="" type="checkbox"/>	c. H/D battery: Yes <input checked="" type="checkbox"/> No	d. Ammeter: Yes <input checked="" type="checkbox"/> No
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**12. Lights**

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No	b. Landing: Yes <input checked="" type="checkbox"/> No	c. Cockpit Yes <input checked="" type="checkbox"/> No	d. Navigation: Yes <input checked="" type="checkbox"/> No	e. Other (specify):
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**13. Radios and Guidance Equipment**

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No
d. Loran-C guidance system installed: Yes ___ No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No ___	f. ETGARS installed: Yes <input checked="" type="checkbox"/> Make/Model AgNav / Guia

**14. Spray System**

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No	b. Total tank capacity: 160 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No	d. Operating load capacity: 130 gallons	e. Spray system make: Simplex
f. Nozzles: -If Hydraulic: Type _____ Size _____ -If Rotary atomizer: Make _____ Model _____			g. Electronic flow-metering system: Yes <input checked="" type="checkbox"/> Make/Model Crophawk /	

**15. Pilots Authorized to Fly Described Aircraft:**

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

**15. Pilots Authorized to Fly Described Aircraft: (continued)**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number

**16. Certification**

I certify that the information contained herein is accurate.

Kirk Martin      *[Signature]*      Secretary/Treasurer      02/19/19  
 Signature – Contractor      Title      Date

**17. Review – Vector Management Project Coordinator (For DEP Use Only)**

I have reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with the requirements for aircraft 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

**18. Review – Aircraft Operations Advisor (For DEP Use Only)**

I have reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator.

\_\_\_\_\_  
 Signature – Aircraft Operations Advisor      Date

**19. Reasons for Rejection (For DEP Use Only)**


# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address 1670 York Road	d. City, State, and Zip Code Gettysburg, PA 17325	
e. Contractor's PA Department of Agriculture pesticide application business license number: BU2911		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____ , or leased _____ by the spray project contractor			
b. Owner's Name Helicopter Applicators, Inc.	c. Address Same as above	d. City, State, and Zip Code Same as above	e. Telephone 717-337-1370

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____				b. Qualified under: FAR Part 135 <input checked="" type="checkbox"/> FAR Part 137 <input checked="" type="checkbox"/>	
c. Aircraft: Make <u>Bell</u> Model <u>206</u> Series <u>L3</u>		d. No. of engines: <u>1</u>	e. FAA Number: <b>N651HA</b>	f. Year built: <u>1986</u>	g. Passenger capacity: <u>6</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____	k. Hours of fuel: <u>3</u>	l. Time since 100-hour inspection: <u>46.5</u> Annual Inspection Due: <u>03/21/19</u>	
m. Major modifications: <u>None</u>					

## 4. Airframe

a. Hours since new: 7046.4	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: <u>Black and Silver</u>
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## 5. Engines

a. Make and model: <u>Allison 250-C30P</u>	b. Horsepower: <u>650</u>	c. Type fuel: <u>Jet A</u>	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 <u>18347.9</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>241.5</u> Engine 2 _____		g. Hours before next major overhaul: Engine 1 <u>O/C</u> Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
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## 7. Helicopter Components

a. Hours since new: Main rotor <u>271.3</u> Tail rotor <u>2197.6</u> Transmission <u>5872.8</u>	b. Hours since overhaul: Main rotor <u>271.3</u> Tail rotor <u>2197.6</u> Transmission <u>1173.6</u>		
c. Hours before next overhaul: Main rotor <u>3728.7</u> Tail rotor <u>302.4</u> Transmission <u>3326.4</u>	d. Drop stops: Yes <input checked="" type="checkbox"/> No _____	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes _____ No <input checked="" type="checkbox"/>
g. Other (specify): _____			

**8. Instruments**

a. Fuel quantity: Yes <input checked="" type="checkbox"/> No	b. Stall warning: Yes No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No	d. Clock: Yes <input checked="" type="checkbox"/> No	e. Compass: Yes <input checked="" type="checkbox"/> No	f. Turn and bank: Yes <input checked="" type="checkbox"/> No
g. Directional gyro: Yes <input checked="" type="checkbox"/> No	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No	i. Altimeter: Yes <input checked="" type="checkbox"/> No	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No		

**9. Condition**

a. Glass: Good <input checked="" type="checkbox"/> Fair Poor	b. Fabric: Good <input checked="" type="checkbox"/> Fair Poor	c. Tires: N/A Good Fair Poor	d. Paint: Good <input checked="" type="checkbox"/> Fair Poor
e. Seat belts: Good <input checked="" type="checkbox"/> Fair Poor	f. Shoulder harness: Good <input checked="" type="checkbox"/> Fair Poor	g. Cabin: Good <input checked="" type="checkbox"/> Fair Poor	h. Cockpit: Good <input checked="" type="checkbox"/> Fair Poor

**10. Emergency Equipment**

a. First aid kit: Yes <input checked="" type="checkbox"/> No	b. Engine fire extinguisher: Yes No <input checked="" type="checkbox"/>	c. Cabin fire extinguisher: Yes <input checked="" type="checkbox"/> No
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**11. Electrical System**

a. Volts 28	b. Auxiliary Power Unit: Yes No <input checked="" type="checkbox"/>	c. H/D battery: Yes <input checked="" type="checkbox"/> No	d. Ammeter: Yes <input checked="" type="checkbox"/> No
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**12. Lights**

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No	b. Landing: Yes <input checked="" type="checkbox"/> No	c. Cockpit Yes <input checked="" type="checkbox"/> No	d. Navigation: Yes <input checked="" type="checkbox"/> No	e. Other (specify):
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**13. Radios and Guidance Equipment**

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No
d. Loran-C guidance system installed: Yes ___ No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No ___	f. ETGARS installed: Yes <input checked="" type="checkbox"/> Make/Model AgNav / Guia

**14. Spray System**

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No	b. Total tank capacity: 160 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No	d. Operating load capacity: 130 gallons	e. Spray system make: Simplex
f. Nozzles: -If Hydraulic: Type _____ Size _____ -If Rotary atomizer: Make _____ Model _____			g. Electronic flow-metering system: Yes <input checked="" type="checkbox"/> Make/Model Crophawk /	

**15. Pilots Authorized to Fly Described Aircraft:**

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

**15. Pilots Authorized to Fly Described Aircraft: (continued)**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number

**16. Certification**

I certify that the information contained herein is accurate.

\_\_\_\_\_  
 Kirk Martin *Kirk Martin* Secretary/Treasurer \_\_\_\_\_  
 Signature – Contractor Title Date 02/19/19

**17. Review – Vector Management Project Coordinator (For DEP Use Only)**

I have reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with the requirements for aircraft 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

**18. Review – Aircraft Operations Advisor (For DEP Use Only)**

I have reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator.

\_\_\_\_\_  
 Signature – Aircraft Operations Advisor Date

**19. Reasons for Rejection (For DEP Use Only)**


# AIRCRAFT INFORMATION FORM

## 1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	<b>Type or print all information in ink. Return completed and signed form to the Vector Management Project Coordinator. See Contract Specifications for the name and address.</b>
c. Address 1670 York Road	d. City, State, and Zip Code Gettysburg, PA 17325	
e. Contractor's PA Department of Agriculture pesticide application business license number: BU2911		

## 2. Aircraft Owner Information

a. Aircraft is (check one): Owned <input checked="" type="checkbox"/> , subcontracted _____, or leased _____ by the spray project contractor			
b. Owner's Name Helicopter Applicators, Inc.	c. Address Same as above	d. City, State, and Zip Code Same as above	e. Telephone 717-337-1370

## 3. Aircraft Description and Information

a. Type of aircraft (check one): Spray fixed-wing _____ Spray helicopter <input checked="" type="checkbox"/> Observation fixed-wing _____ Observation helicopter _____			b. Qualified under: FAR Part 135 <input checked="" type="checkbox"/> FAR Part 137 <input checked="" type="checkbox"/>		
c. Aircraft: Make <u>Bell</u> Model <u>206</u> Series <u>L1</u>		d. No. of engines: <u>1</u>	e. FAA Number: <b>N660HA</b>	f. Year built: <u>1979</u>	g. Passenger capacity: <u>6</u>
h. Registration certification Yes <input checked="" type="checkbox"/> No _____	i. Airworthiness certification Yes <input checked="" type="checkbox"/> No _____	j. Cruising speed: MPH <u>100</u> Knots _____	k. Hours of fuel: <u>3</u>	l. Time since 100-hour inspection: <u>0</u> Annual Inspection Due: 07/17/19	
m. Major modifications: None					

## 4. Airframe

a. Hours since new: 27942	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: Grey/Blue/Red
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## 5. Engines

a. Make and model: Allison 250-C30P	b. Horsepower: 650	c. Type fuel: Jet A	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 2610.9 Engine 2 _____	f. Hours since major overhaul: Engine 1 1973.7 Engine 2 _____		g. Hours before next major overhaul: Engine 1 O/C Engine 2 _____

## 6. Propellers

a. Hours since overhaul: Number 1 <u>N/A</u> Number 2 _____
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## 7. Helicopter Components

a. Hours since new: Main rotor 1579.3 Tail rotor 1089.6 Transmission 2542	b. Hours since overhaul: Main rotor 1579.3 Tail rotor 1089.6 Transmission 2542		
c. Hours before next overhaul: Main rotor 2420.7 Tail rotor 1410.4 Transmission 1958	d. Drop stops: Yes _____ No <input checked="" type="checkbox"/>	e. Skids: Yes <input checked="" type="checkbox"/> No _____	f. Rotor brakes: Yes <input checked="" type="checkbox"/> No _____
g. Other (specify):			

**8. Instruments**

a. Fuel quantity: Yes <input checked="" type="checkbox"/> No	b. Stall warning: Yes No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No	d. Clock: Yes <input checked="" type="checkbox"/> No	e. Compass: Yes <input checked="" type="checkbox"/> No	f. Turn and bank: Yes <input checked="" type="checkbox"/> No
g. Directional gyro: Yes <input checked="" type="checkbox"/> No	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No	i. Altimeter: Yes <input checked="" type="checkbox"/> No	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No		

**9. Condition**

a. Glass: Good <input checked="" type="checkbox"/> Fair Poor	b. Fabric: Good <input checked="" type="checkbox"/> Fair Poor	c. Tires: N/A Good Fair Poor	d. Paint: Good <input checked="" type="checkbox"/> Fair Poor
e. Seat belts: Good <input checked="" type="checkbox"/> Fair Poor	f. Shoulder harness: Good <input checked="" type="checkbox"/> Fair Poor	g. Cabin: Good <input checked="" type="checkbox"/> Fair Poor	h. Cockpit: Good <input checked="" type="checkbox"/> Fair Poor

**10. Emergency Equipment**

a. First aid kit: Yes <input checked="" type="checkbox"/> No	b. Engine fire extinguisher: Yes No <input checked="" type="checkbox"/>	c. Cabin fire extinguisher: Yes <input checked="" type="checkbox"/> No
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**11. Electrical System**

a. Volts 28	b. Auxiliary Power Unit: Yes No <input checked="" type="checkbox"/>	c. H/D battery: Yes <input checked="" type="checkbox"/> No	d. Ammeter: Yes <input checked="" type="checkbox"/> No
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**12. Lights**

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No	b. Landing: Yes <input checked="" type="checkbox"/> No	c. Cockpit Yes <input checked="" type="checkbox"/> No	d. Navigation: Yes <input checked="" type="checkbox"/> No	e. Other (specify):
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**13. Radios and Guidance Equipment**

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No
d. Loran-C guidance system installed: Yes ___ No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No ___	f. ETGARS installed: Yes <input checked="" type="checkbox"/> Make/Model AgNav / Guia

**14. Spray System**

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No	b. Total tank capacity: 160 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No	d. Operating load capacity: 130 gallons	e. Spray system make: Simplex
f. Nozzles: -If Hydraulic: Type _____ Size _____ -If Rotary atomizer: Make _____ Model _____			g. Electronic flow-metering system: Yes <input checked="" type="checkbox"/> Make/Model Crophawk /	

**15. Pilots Authorized to Fly Described Aircraft:**

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

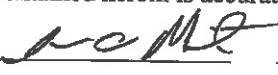


**15. Pilots Authorized to Fly Described Aircraft: (continued)**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number

**16. Certification**

I certify that the information contained herein is accurate.

\_\_\_\_\_ Kirk Martin \_\_\_\_\_ Secretary/Treasurer \_\_\_\_\_  
 Signature – Contractor  Title Date 02/19/19

**17. Review – Vector Management Project Coordinator (For DEP Use Only)**

I have reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with the requirements for aircraft 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

**18. Review – Aircraft Operations Advisor (For DEP Use Only)**

I have reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator.

\_\_\_\_\_  
 Signature – Aircraft Operations Advisor Date

**19. Reasons for Rejection (For DEP Use Only)**


**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.