



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

State of West Virginia
Centralized Request for Quote
Agricultural

Proc Folder: 1180396

Doc Description: AERIAL APPLICATION OF BLACK FLY CONTROL

Reason for Modification:

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2023-02-16	2023-03-09 13:30	CRFQ 1400 AGR2300000017	1

BID RECEIVING LOCATION

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

03/03/23 09:41:25
WV Purchasing Division

VENDOR

Vendor Customer Code: 000000193014

Vendor Name: Helicopter Applicators, Inc.

Address:

Street: 1670 York Rd.

City: Gettysburg

State: PA

Country: USA

Zip: 17325

Principal Contact: Kirk A. Martin

Vendor Contact Phone: 717-337-1370

Extension: 223

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor
Signature X

FEIN# 52-1005852

DATE 2/22/23

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

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF AGRICULTURE, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR AERIAL APPLICATION OF BLACK FLY CONTROL PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO

AGRICULTURE
DEPARTMENT OF
ADMINISTRATIVE SERVICES
1900 KANAWHA BLVD E

CHARLESTON WV
US

SHIP TO

AGRICULTURE
DEPARTMENT OF
PLANT INDUSTRIES DIVISION
275 GUS R DOUGLAS LN,
BLDG 6
CHARLESTON WV
US

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

Comm Code	Manufacturer	Specification	Model #
70151502			

Extended Description:

Pricing to be included on attached Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2023-02-23

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.

(Printed Name and Title) Kirk A. Martin, Secretary/Treasurer

(Address) 1670 York Rd., Gettysburg, PA 17325

(Phone Number) / (Fax Number) 717-337-1370 / 717-337-1527

(Email address) Kmartin@helicopterapplicators.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Helicopter Applicators, Inc.

(Company)

(Signature of Authorized Representative)

Kirk A. Martin, Secretary/Treasurer 2/22/23

(Printed Name and Title of Authorized Representative) (Date)

717-337-1370 / 717-337-1527

(Phone Number) (Fax Number)

Kmartin@helicopterapplicators.com

(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR2300000017

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 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 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

2/22/23
Date

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

REQUEST FOR QUOTATION
CRFQ AGR2300000017
Aerial Application of Black Fly Control

8.3 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.

8.4 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

**REQUEST FOR QUOTATION
CRFQ AGR2300000017
Aerial Application of Black Fly Control**

Exhibit A Pricing Page

Estimated spray-season totals for 2023. Actual number of applications and gallons of Bti to be applied will vary based on agency needs. Payments are based on the gallons of concentrate sprayed (*Bti* only); no provisions for dilution water are included.

Estimated Application Season	Estimated Total Number of Applications	Estimated Annual Total Gallons of Bti Applied	Fixed Cost per Gallon Applied	Extended Cost
April-Sept 2023	12	4500	\$ 96.22	\$ 432,990.00

Example: 4500 gallons X cost per gallon applied = Extended Cost

Amount of Bti to be distributed per year varies due to water flow and larval development – there is no way to accurately predict this. The total contract amount to be paid out to the successful bidder is dependent on the actual gallons sprayed as well as the per gallon bid price. The actual amount sprayed may differ substantially from the estimates.

Cost is to be calculated on a price per gallon applied (material furnished by the applicator). The contract is open end.

A summary report for the 2022 Black Fly Control Program may be obtained by contacting the Black Fly Control Program Coordinator (See Section A.2). Site locations and estimated volumes may be altered during the program year, based on funding, water levels, and as needed to achieve the desired control. Volumes of *Bti* needed are calculated using the following formula to obtain an approximate 11 ppm concentration at a given treatment site:

$$\text{water flow (in ft.}^3\text{/ second)} / 200 = \text{Bti required (in gal.)}$$

For instance, the water flow at a given site is 4400 ft.³/ second:

$$4400 \text{ ft.}^3\text{/ second} / 200 = 22 \text{ gal. Bti}$$

CONTRACT NUMBER: CRFQ 1400 AGR2300000017
HELICOPTER APPLICATORS, INC. - PILOT INFORMATION

Name: **Isaac Santos** [REDACTED]
Comm. Certificate Numbers: [REDACTED]
Ratings: Rotorcraft - Helicopter
West Virginia Applicators License: [REDACTED]
Flight Hours in Command:
 Total All Aircraft: 4908
 Type of Aircraft to be Used in Contract: 4908
 Night: 125
 Typical Terrain: 4908
 In Weight Class to be Flown: 4908
 Make and Model, Preceding 60 days: 25
 Number of Seasons of black fly spraying experience: 10
FAA Medical Certificate:
 Class: Second
 Date of Exam: 04/19/2022

Name: **Benjamin Miller** [REDACTED]
Comm. Certificate Numbers: [REDACTED]
Ratings: Rotorcraft - Helicopter
West Virginia Applicators License: [REDACTED]
Flight Hours in Command:
 Total All Aircraft: 4014
 Type of Aircraft to be Used in Contract: 4013
 Night: 28
 Typical Terrain: 3645
 In Weight Class to be Flown: 4014
 Make and Model, Preceding 60 days: 25
 Number of Seasons of black fly spraying experience: 10
FAA Medical Certificate:
 Class: Second
 Date of Exam: 12/19/2022

Name: Brock Heffner

Comm. Certificate Numbers: [REDACTED]

Ratings: Rotorcraft - Helicopters

West Virginia Applicators License: [REDACTED]

Flight Hours in Command:

Total All Aircraft: 3861

Type of Aircraft to be Used in Contract: 3821

Night: 393

Typical Terrain: 3821

In Weight Class to be Flown: 3821

Make and Model, Preceding 60 days: 30

Number of Seasons of black fly related spraying experience: 12

FAA Medical Certificate:

Class: Second

Date of Exam: 06/23/2022

Name: Rasmus Fanjoy

Comm. Certificate Numbers: [REDACTED]

Ratings: Rotorcraft - Helicopters

West Virginia Applicators License: [REDACTED]

Flight Hours in Command:

Total All Aircraft: 2404

Type of Aircraft to be Used in Contract: 2404

Night: 100

Typical Terrain: 360

In Weight Class to be Flown: 2364

Make and Model, Preceding 60 days: 15

Number of Seasons of black fly spraying experience: 2

FAA Medical Certificate:

Class: Second

Date of Exam: 11/23/2022

Name: Daniel Rudisill

Comm. Certificate Numbers:

Ratings: Rotorcraft - Helicopters
SK-61

West Virginia Applicators License:

Flight Hours in Command:

Total All Aircraft: 13000

Type of Aircraft to be Used in Contract: 13000

Night: 360

Typical Terrain: 5600

In Weight Class to be Flown: 7100

Make and Model, Preceding 60 days: 25

Number of Seasons of black fly spraying experience: 28

FAA Medical Certificate:

Class: Second

Date of Exam: 01/06/2023

Name: Brian Redding

Comm. Certificate Numbers:

Ratings: Rotorcraft - Helicopters

Airplane Single Engine Land

West Virginia Applicators License:

Flight Hours in Command:

Total All Aircraft: 8099

Type of Aircraft to be Used in Contract: 7990

Night: 80

Typical Terrain: 4965

In Weight Class to be Flown: 7990

Make and Model, Preceding 60 days: 10

Number of Seasons of black fly spraying experience: 25

FAA Medical Certificate:

Class: Second

Date of Exam: 02/20/2023

Name: Roger Johnsonbaugh

Comm. Certificate Numbers:

Ratings: Rotorcraft – Helicopters, ASEL

West Virginia Applicators License:

Flight Hours in Command:

Total All Aircraft: 11600

Type of Aircraft to be Used in Contract: 11145

Night: 75

Typical Terrain: 4368

In Weight Class to be Flown: 11145

Make and Model, Preceding 60 days: 15

Number of Seasons of black fly spraying experience: 19

FAA Medical Certificate:

Class: Second

Date of Exam: 06/30/2022

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.
	d. City, State, and Zip Code	
c. <i>WV Pesticide Applicator's License Number:</i>		

2. Emergency Contact

a. Name	b. Address	c. Telephone	d. Relationship
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3. Employer Information

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 <i>WV</i> Department of Agriculture's pesticide application business license number: <i>0562</i>	

4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP	b. Certificate number:	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	b. Date of last physical examination
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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)	4908	446	c. List any related schools or training sessions attended within the last three years (if none, check here <input type="checkbox"/>
Night (10 hours required)	125	5	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	4908	446	
Weight class (category) to be flown on contract (100 hours required)	4908	446	
Make, model, and series to be flown on contract (20 hours required)	4908	446	
Pesticide application in terrain typical of contract area (50 hours required)	4908	446	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	4908	446	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	10		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"/>			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 <input type="checkbox"/> AgNav (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
g. Number of hours flown with either in past 12 months:			446

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2020-2023	Helicopter Applicator Inc	Kirt Martin, 717-337-1370	Bell, 206/OH58, 206L3, 206L4	Black Fly, Gypsy moth
2020-2015	Coastal Helicopter LLC	Greg Clubs, 850-769-6117	Bell 206B/OH58	same
2015-2011	AgAir	Dan Riely, 717-357-3700	Bell 206B	Same

*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.

ISAAC SANTOS . 02/01/2023. *[Signature]* 2/1/23
 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)



UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

ISAAC LEE SANTOS

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]					

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

Must wear corrective lenses

Limitations

Date of Examination
04/19/2022

Examiner's Designation No.
[REDACTED]

Examiner

Signature

Typed Name

LETITIA ARCHULETA, MD

AIRMAN'S SIGNATURE

Applicant ID: [REDACTED]

Control No.: [REDACTED]



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.

FOR USE ONLY IN CATEGORIES LISTED
WEST VIRGINIA CERTIFICATION

13E

Expires: 12/31/2023
Commercial Pesticide Applicator
Isaac Lee Santos
Helicopter Applicators, Inc.

Isaac Lee Santos

Continuing Education
Credit Information

Credits
Acquired

Credits
Required

Credits
Needed

13E-Black Fly Control	0	20	20	Due 12/31/2025
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Robert A. Schubert

NOT
TRANSFERABLE

AUTHORIZED REPRESENTATIVE

Pilot Information Form

1. Personal Information

a. Name (Last, first, middle initial)	b. Home address	Type or print all information in ink. <u>Complete resume below.</u> Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.
c. Home address	d. State, Zip Code	
e. WV Pesticide Applicator's License Number:		

2. Emergency Contact

a. Name	b. Address, City, State, Zip Code Same as above	c. Telephone	d. Relationship
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3. Employer Information

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 WV Department of Agriculture's pesticide application business license number: 0562	

4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP <input type="checkbox"/>	b. Certificate number: [REDACTED]	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:	b. Date of current medical certificate:	c. Limitations:
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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)	4014	479	c. List any related schools or training sessions attended within the last three years (if none, check here <input type="checkbox"/> PAASS program 2022 and 2023 Helicopter Safety Training (Lon Wimberley) Refresher flight training – March 2022 – Bell 206L3
Night (10 hours required)	28	0	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	4013	479	
Weight class (category) to be flown on contract (100 hours required)	4014	479	
Make, model, and series to be flown on contract (20 hours required)	3848	479	
Pesticide application in terrain typical of contract area (50 hours required)	3645	479	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	19,921	2999	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	10		d. Have you had any aircraft accidents within the past three years? Yes <input type="checkbox"/> (explain on reverse) No <input checked="" type="checkbox"/>
c. 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: 479

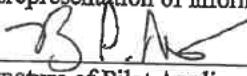
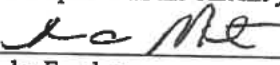
7. Resume (list recent agricultural aerial spraying experience by year)

Year	Agency/Location	Contact Person*	Aircraft	Pest
2015-2022	W.V. Dept. of Ag – Blackfly Suppression	Heather Rzewuski – 304-558-2212	Bell 206/OH-58	Blackfly
2016-2022	PA DEP – Blackfly Suppression	Doug Orr – 717-497-4606	Bell 206/OH-58	Blackfly
2016-2022	Nutrien AG Solutions – Virginia	Doug Pond – 804-241-8118	Bell 206/OH-58	Forestry Herbicide
2014-2022	Grimmel Farms – Maryland	Ed Grimmel – 443-807-9735	Bell 206/OH-58	Corn Fungicide
2014-2022	Willard Agri Services – Maryland	Jim Beyer – 410-259-1150	Bell 206/OH-58	Corn Fungicide

*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.


2-6-23

2/6/23
 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)

UNITED STATES OF AMERICA XI
 DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

(I) NAME
 BENJAMIN PAUL MILLER

(V) ADDRESS
 [REDACTED]

(VI) NATIONALITY: USA (Va) D.O.B. [REDACTED] SEX: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED]

(IX) HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

(II) COMMERCIAL PILOT
 (II) CERTIFICATE NUMBER [REDACTED]
 (X) DATE OF ISSUE 6 DEC 2015

ADMINISTRATOR




BENJAMIN PAUL MILLER

COMMERCIAL PILOT
 ROTORCRAFT-HELICOPTER
 ENGLISH-ACCIDENT

XII RATINGS
 [REDACTED]

XIII LIMITATIONS

(VI) SIGNATURE OF HOLDER
 [Signature]

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

BENJAMIN Paul MILLER

Date of Birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED] Sex: [REDACTED]
I have met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Date of Examination
12/19/2022

Examiner's Designation No.
[REDACTED]

Examiner Signature

Typed Name
RICHARD WEINSTEIN, MD

AIRMAN'S SIGNATURE

Applicant ID: [REDACTED]

Control No.: [REDACTED]

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

NSN: 0052-00-570-7002

(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.



Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

BENJAMIN Paul MILLER

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.



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

1,3,6,13E,14

Expires: 12/31/2023
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	10	20	10	Due 12/31/2024
3-Forest Pest Control	14	20	6	Due 12/31/2024
6-Aquatic Pest Control	14	20	6	Due 12/31/2024
13E-Air Fly Control	12	20	8	Due 12/31/2024
14-Aerial	0	0	0	Due 12/31/2024

NOT
TRANSFERABLE

AUTHORIZED REPRESENTATIVE

Pilot Information Form

1. Personal Information

a. Name (Last, first, middle initial)	b. Home telephone	Type or print all information in ink. <u>Complete resume below.</u> Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.
c. Home address	d. City, State, and Zip Code	
e. WV Pesticide Applicator's License Number :		

2. Emergency Contact

a. Name	b. Address, City, State, Zip Code	c. Telephone	d. Relationship
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a. Name of employer	b. Address, City, State, Zip Code	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 WV Department of Agriculture's pesticide application business license number: 0562	

4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP <input type="checkbox"/>	b. Certificate number: [REDACTED]	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:	b. Date of current medical certificate:	c. Limitations:
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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 type="checkbox"/>
All aircraft (1,000 hours required)	3861	241	c. List any related schools or training sessions attended within the last three years (if none, check here <input type="checkbox"/>)
Night (10 hours required)	393	0	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	3821	241	
Weight class (category) to be flown on contract (100 hours required)	3821	241	
Make, model, and series to be flown on contract (20 hours required)	3821	241	
Pesticide application in terrain typical of contract area (50 hours required)	3821	241	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	3800+	500+	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	12		d. Have you had any aircraft accidents within the past three years? Yes <input type="checkbox"/> (explain on reverse) No <input 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:			357

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2010-2023	Helicopter Applicators Inc Gettysburg	Kirk Martin	Bell 206/205	various
2010-2023	Burlington County (NJ) Mosquito Control	Erin Nooney 609-269-5064	Bell 206	mosquito
2010-2023	Hudson Co. Mosquito	Greg Williams 201-223-1133	Bell 206	mosquito
2010-2023	PA DEP	Doug Orr	Bell 206/205	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 Heffner
Signature of Pilot Applicant

2-07-23
Date

[Signature]
Attested to by Employer

2/9/23
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.

NA

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

NA

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

NA

I **UNITED STATES OF AMERICA**

XI

DEPARTMENT OF TRANSPORTATION • **FEDERAL AVIATION ADMINISTRATION**

IV NAME

BROCK THOMAS HEFFNER

V ADDRESS

VI NATIONALITY **USA**

SEX HEIGHT WEIGHT HAIR EYES

IVa

IX THIS CARD IS TO BE PROPERLY KEPT TO EXERCISE THE PRIVILEGES OF

II **COMMERCIAL PILOT**

III CERTIFICATE NUMBER

X DATE OF ISSUE

27 FEB 2011

XIV

VII

ADMINISTRATOR



BROCK THOMAS HEFFNER

**COMMERCIAL PILOT
ROTORCRAFT-HELICOPTER**

ENGLISH PROFICIENT.

XII RATINGS

XIII LIMITATIONS

**VII SIGNATURE
OF HOLDER**

Brock T. Heffner

72802 10/10

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

BROCK Thomas HEEFNER

[Redacted Address]

Date of Birth: [Redacted] Height: [Redacted] Weight: [Redacted] [Redacted]

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

Limitations

[Redacted Limitations]

Date of Examination
06/30/2022

Examiner's Designation No.
[Redacted]

Examiner

Signature

Typed Name

ALAN HAY, MD

AIRMAN'S SIGNATURE

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.



Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

BROCK Thomas HEEFNER

[Redacted Signature]

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.



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: 0014FQ and your Pin: 25502).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

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

Expires: 12/31/2023
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	10	20	10	Due 12/31/2024
3-Forest Pest Control	14	20	6	Due 12/31/2024
6-Aquatic Pest Control	14	20	6	Due 12/31/2024
7-Right-of-Way/Industrial Weed	14	20	6	Due 12/31/2024
13E-Black Fly Control	12	20	8	Due 12/31/2024
14-Aerial	0	0	0	Due 12/31/2024

NOT
TRANSFERABLE

AUTHORIZED REPRESENTATIVE

Pilot

1. Personal Information

a. Name (Last, first, middle initial)	b. Home telephone	Type or print all information in ink. <u>Complete resume below.</u> Return completed and signed form to Vector Management Project Coordinator. See Contract Specifications for name and address.
c. Home address	d. City, State, and Zip Code	
e. WV Pesticide Applicator's License Number: _____		

2. Emergency Contact

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

3. Employer Information

a. Name of employer Helicopter Applicators Inc	b. Address, City, State, Zip Code 1630 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 WV Department of Agriculture's pesticide application business license number: 0562	

4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP _____	b. Certificate number: [Redacted]	c. Current instrument rating? Yes <input checked="" type="checkbox"/> No _____	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. Date of current medical certificate:	c. Limitations:
[Redacted]		

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)	2404	396	
Night (10 hours required)	100	3	c. List any related schools or training sessions attended within the last three years (if none, check here _____) NEAAA - Pesticide conference
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	2404	369	
Weight class (category) to be flown on contract (100 hours required)	2364	371	
Make, model, and series to be flown on contract (20 hours required)	693	371	

Pesticide application in terrain typical of contract area (50 hours required)	360	360
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	1090	1000
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	2	
e. Are you proficient in reading and navigating with 7.5 minute quadrangle and other scale topographic maps? Yes <u>X</u> No <u> </u>		d. Have you had any aircraft accidents within the past three years? Yes <u> </u> (explain on reverse) No <u>X</u>
		f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes <u>X</u> No <u> </u>) AgNav (Yes <u>X</u> No <u> </u>)
		g. Number of hours flown with either in past 12 months: <u>360</u>

1

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2022	Helicopter Applicators Inc	Kirk Martin - (717) 495 - 7749	B206	Black Fly
2021	Helicopter Applicators Inc	Kirk Martin - (717) 495 - 7749	B206	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 of Pilot Applicant [Signature] Date 01-30-2023 Attested to by Employer [Signature] Date 2/1/23

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)

UNITED STATES OF AMERICA

XI

DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

IV NAME

RASMUS JUUL FANJOY

V ADDRESS

VI NATIONALITY DENMARK

SEX HEIGHT WEIGHT HAIR EYES

IVa D.O.B.

IX HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

II COMMERCIAL PILOT

III CERTIFICATE NUMBER

X DATE OF ISSUE

20 NOV 2019

XIV

VIII

ADMINISTRATOR



RASMUS JUUL FANJOY

XII RATINGS

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER; INSTRUMENT HELICOPTER

XIII LIMITATIONS

ENGLISH PROFICIENT.

VII SIGNATURE
OF HOLDER

R. Juul

2748 06/19

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

RASMUS, J. R. [REDACTED]

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

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

Limitations

None

Date of Examination

11/23/2022

Examiner's Registration No. [REDACTED]

Examiner

Signature

Beth Cunningham

Typed Name

Beth Cunningham, MD

AIRMAN'S SIGNATURE

[Signature]

Applicant ID: [REDACTED]

Control No.: [REDACTED]

FAA Form 8500-9

(3-12) Supersedes Previous Edition

NSN: 0052-00-570-7002

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.



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: 001QPA and your Pin: 39798).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

6,13D,13E,14

Expires: 12/31/2023
Commercial Pesticide Applicator
Rasmus Fanjoy
Helicopter Applicators, Inc.
1670 York Road
Gettysburg PA 17325

Rasmus Fanjoy

Continuing Education Credit Information	Credits Acquired	Credits Required	Credits Needed	
6-Aquatic Pest Control	0	20	20	Due 12/31/2025
13D-Mosquito Control	0	20	20	Due 12/31/2025
13E-Black Fly Control	0	20	20	Due 12/31/2025
14-Aerial	0	0	0	Due 12/31/2025

Rasmus Fanjoy

NOT
TRANSFERABLE

AUTHORIZED REPRESENTATIVE

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.
c. Home address	d. City, State, and Zip Code	
e. Pesticide Applicator's License Number:		

2. Emergency Contact

a. Name	b. Address, City, State, Zip Code	c. Telephone	d. Relationship
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3. Employer Information

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 RD. GETTYSBURG, PA 17325	
d. Is employment: Full-time <input checked="" type="checkbox"/> Seasonal	e. Employer's Department of Agriculture's pesticide application business license number: 0562	

4. Airman Certificate Information

a. Type: COMM <input checked="" type="checkbox"/> ATP	b. Certificate number:	c. Current instrument rating? Yes No <input checked="" type="checkbox"/>	d. Type ratings (include heavy A/C type ratings): SK61	e. FAR Part 137 qualified? Yes <input checked="" type="checkbox"/> No
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5. Medical Information

a. Classification:	b. Date of current medical certificate:	c. Limitations:
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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)	13000	250	c. List any related schools or training sessions attended within the last three years (if none, check here) PAASS 2023 FAR 135 TRAINING
Night (10 hours required)	360	5	
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	13000	250	
Weight class (category) to be flown on contract (100 hours required)	7100	200	
Make, model, and series to be flown on contract (20 hours required)	7100	200	
Pesticide application in terrain typical of contract area (50 hours required)	5600	100	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	25000+	1200	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	28		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: 100

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
1994-2022	PA DEP	DOUG ORR	B206/BUH1H	BLACKFLY
1994-2022	WV DA		B206	BLACKFLY
1994-2022	PA DCNR	DON EGAN	B206/BUH1H	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 Russell

02/03/2023

no me

2/3/23

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)

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: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

Regulations, for this class of Medical Certificate.

Limitations
Must use corrective lens(es) to meet vision standards at all required distances.

Date of Examination: 01/06/2023
Examiner Signature: [Signature]
Typed Name: **STEPHAN MANN, MD**

AIRMAN'S SIGNATURE
[Signature]

Applicant ID: [REDACTED] Control No.: [REDACTED]

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

NAME: DANIEL JOSEPH RUDISILL
ADDRESS: [REDACTED]

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

COMMERCIAL PILOT
CERTIFICATE NUMBER: [REDACTED]
DATE OF ISSUE: 29 APR 2023

FAA ACTIVITY ADMINISTRATION

DANIEL JOSEPH RUDISILL XI RATING: [REDACTED]

COMMERCIAL PILOT
AUTOMATICALLY HELICOPTER
EX-61

EX-61 PILOT ONLY
EX-61 (PILOT ONLY)

EX-61 LIMITATIONS

EX-61 SIGNATURE OF HOLDER

USDA INTERAGENCY USDI HELICOPTER PILOT QUALIFICATION CARD		VII. Make, Model & Series		PIC SIC	VFR	IFR	IFR w/AP
I. Pilot Name: Daniel J. Rudisill		B206LIII		PIC	LSR		
II. Company: Helicopter Applicators Inc.		UH-1		PIC	LSR		
III. Expiration Date: Apr-2023		B212		PIC	LSR		
IV. CARD STATUS <input checked="" type="checkbox"/> Interagency <input type="checkbox"/> DOI Only <input type="checkbox"/> USFS Only <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Re-issue <input type="checkbox"/> Added Authorization		Approved	VIII. Authorized Missions	Date Expire	Flight Evaluation Completed Inspector Info Only		
		LSR	Mountainous Terrain		USFS	DOI	MM
		LSR	Low Level & Reconnaissance				
		LSR	Water/Retardant, Bucket	Jun23			
		LSR	Ext Load, Longline >50'	Jun23			
		LSR	Aerial Ignition PSD				
		LSR	Helitack/PAX Transport				
		LSR	Aerial Application, Traditional				
V. Inspector Comments: FAA Pilot Cert [REDACTED]							
VI. Issued By: ROBERTS USFS (Print Name) (Office) [Signature] 04/08/2022 (Signature) (Issue Date)							

CAS-308 (2-18) 5700-3A



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: 000H0M and your Pin: 12563).

FOR USE ONLY IN CATEGORIES LISTED

WEST VIRGINIA CERTIFICATION

3,13E

Expires: 12/31/2023
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	25	20	0	Due 12/31/2023
13E-Black Fly Control	12	20	8	Due 12/31/2024

[Signature]

**NOT
TRANSFERABLE**

AUTHORIZED REPRESENTATIVE

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.
c. Home address	d. City, State, and Zip Code	
e. Pesticide Applicator's License Number		

2. Emergency Contact

a. Name	b. Address, City, State, Zip Code	c. Telephone	d. Relationship
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3. Employer Information

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

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		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ASEL, Rotorcraft	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

5. Medical Information

a. Classification:	b. Date of current medical certificate:	c. Limitations:
Second	2/20/23	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?
All aircraft (1,000 hours required)	8099	255	Yes <input type="checkbox"/> (explain on reverse) No <input checked="" type="checkbox"/>
Night (10 hours required)	80	3	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)	7990	255	Bell Ground School and Flight: Feb. 2002, 2003, 2004, 2006, 2007, 2008, 2009, 2010, 2014
Weight class (category) to be flown on contract (100 hours required)	7990	255	NEAAA Conference 2002-2020, 2022 (Harrisburg, PA & Dover, DE)
Make, model, and series to be flown on contract (20 hours required)	7990	255	PAAAS Safety Program
Pesticide application in terrain typical of contract area (50 hours required)	4965	200	3/15/21 - Bi-Annual Flight Review
Takoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	26000+	2000+	d. Have you had any aircraft accidents within the past three years?
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	25		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?		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 type="checkbox"/> AgNav (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		g. Number of hours flown with either in past 12 months: 25	

1

*Include name and telephone. Application will be rejected if this information is not provided.

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 Brian J. Redding Date 02/6/23 Attested to by Employer Kirk A. Martin Date 2/6/23

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:

Signature – Vector Management Project Coordinator Date

I have reviewed this information and am in agreement with the decision of the field project coordinator.

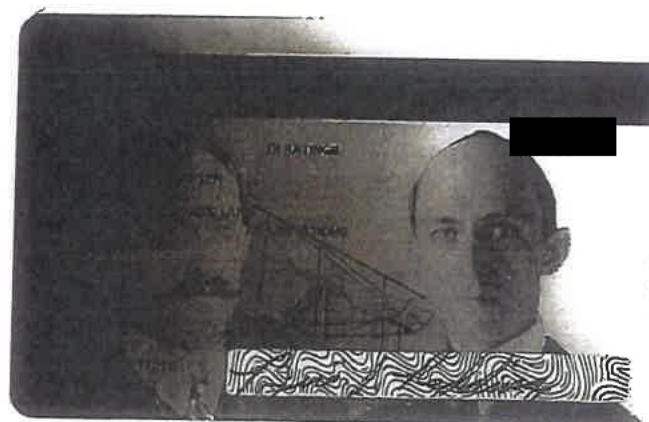
Explanations

N/A

N/A

2

UNITED STATES OF AMERICA XI
DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION
NAME
BRIAN JOSEPH REDDING
Address
[REDACTED]
NATIONALITY USA SEX HEIGHT WEIGHT HAIR EYES
No. D.C. [REDACTED]
I AM NOT TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF
COMMERCIAL PILOT
CERTIFICATE NUMBER [REDACTED]
DATE OF ISSUE 15 JAN 2010



UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration	
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]
Has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.	
Limitations	Must use corrective lens(es) to meet vision standards at all required distances.
Date of Examination 02/20/2023	Examiner's Designation No. [Redacted]
Examiner Signature [Signature]	Typed Name RICHARD WEINSTEIN, MD
AIRMAN'S SIGNATURE [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.

Fold Here

FAA Form 8500-9 (3-12) Supersedes Previous Edition NSN: 0052-00-870-7002

(Cut on dashed line)



Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

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.



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

3,6,13D,13E,14

Expires: 12/31/2023
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	25	20	0	Due 12/31/2023
6-Aquatic Pest Control	0	20	20	Due 12/31/2025
13D-Mosquito Control	0	20	20	Due 12/31/2025
13E-Black Fly Control	12	20	8	Due 12/31/2023
14-Other	0	20	20	Due 12/31/2025

NOT
TRANSFERABLE

AUTHORIZED REPRESENTATIVE

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.
c. Home address	d. City, State, and Zip Code	

2. Emergency Contact

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

3. Employer Information

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"/> Full Time	e. Employer's Department of Agriculture's pesticide application business license number: 0562	

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:	b. Date of current medical certificate:	c. Limitations:

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)	11600	587	Yes _____ (explain on reverse) No <input checked="" type="checkbox"/>
Night (10 hours required)	75	0	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)	11145	587	Bell Ground School and Flight: Feb. 2002, 2003, 2008, 2009, 2010, 2011, 2018
Weight class (category) to be flown on contract (100 hours required)	11145	587	NEAAA Conference 2009-2011, 2017, 2018, 2019, 2020, 2022, 2023 Harrisburg, PA PAAAS Safety Program
Make, model, and series to be flown on contract (20 hours required)	5760	587	MDHC Recurrent (Ground/Flight) - 2012, 2014, 2015
Pesticide application in terrain typical of contract area (50 hours required)	4368	587	
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	10000+	2000+	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	19		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: 623	

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

Year	Agency/Location	Contact Person*	Aircraft	Pest
2002	MD Dept. of Ag	Bob Tichenor (410-841-5922)	Bell 206	Gypsy Moth
2011, 2016- 2019 2020	PA DEP	Harry Vitolins/Bill Adrus, Doug Orr, Ben Russell	Bell 206/OH58, UH-1	Black Fly
2005-11	South Florida Water Mgmt. District	Jimmy Hines 863-228-1978	Bell 206	Aquatic Vegetation
2008	MD DNR Forest Service	George Eberling 301-791-4733	OH58	Gypsy Moth
2008	Summit Helicopter -- Arkansas Herbicide	Carl Milko 540-992-5500	OH58	Forestry Herbicide

*Include name and telephone. Application will be rejected if this information is not provided.

8. Certification

I certify that as an applicator pilot I am solely responsible for the safe operation of my aircraft. This includes making a reconnaissance flight over each working area, including associated turnaround areas, to identify and locate all natural or man-made hazards or obstructions to aircraft flight. I further certify that all statements made herein are true. I understand that any misrepresentation of information requested will result in my prohibition from participation in the current year's suppression project.

Roger E. Johnsonbaugh 02/02/2023 Kirk A. Martin 02/02/2023
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)

UNITED STATES OF AMERICA

XI

DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION



IV NAME

ROGER EARL JOHNSONBAUGH II

V ADDRESS



NATIONALITY USA

SEX HEIGHT WEIGHT HAIR EYES

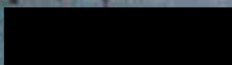
IVa D.O.B.



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

■ COMMERCIAL PILOT

■ CERTIFICATE NUMBER



X DATE OF ISSUE

11 FEB 2010

XIV

[Signature]

XV

ADMINISTRATOR



ROGER EARL JOHNSONBAUGH II

XII RATINGS

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

PRIVATE PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

XIII LIMITATIONS

ENGLISH PROFICIENT.

VI SIGNATURE
OF HOLDER

Roger Earl Johnsonbaugh II

08700 1/10/00

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

ROGER Earl JOHNSONBAUGH II

[Redacted Address]

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

06/30/2022

Examiner's Designation No.

[Redacted]

Signature

Typed Name

STEPHAN MANN, MD

AIRMAN'S SIGNATURE

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

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Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

ROGER Earl JOHNSONBAUGH II

Dear Airman:

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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

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

Expires: 12/31/2023
Commercial Pesticide Applicator
Roger Johnsonbaugh
Helicopter Applicators, Inc.
1670 York Road
Gettysburg PA 17325

Roger Johnsonbaugh

**Continuing Education
Credit Information**

**Credits
Acquired**

**Credits
Required**

**Credits
Needed**

1-Agricultural Plant Pest Control	17	20	3	Due 12/31/2023
3-Forest Pest Control	25	20	0	Due 12/31/2023
6-Aquatic Pest Control	21	20	0	Due 12/31/2023
13D-Mosquito Control	12	20	8	Due 12/31/2023
13E-Black Fly Control	12	20	8	Due 12/31/2023
14-Aerial	0	0	0	Due 12/31/2023

**NOT
TRANSFERABLE**

AUTHORIZED REPRESENTATIVE

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 13D - Mosquito Control 13E - Black Fly Control 14 - Aerial
Qualifying Individual: Glenn A. Martin	
License No: [REDACTED] Plants ID: [REDACTED] Date Issued: 12/28/2022 Expiration Date: 12/31/2023	Commissioner of Agriculture  SIGNATURE

Has met the requirements of the State Code of West Virginia, Chapter 19, Article 16A, Section 7, to engage in the business of applying pesticides.

Visit <https://wvplants.wvda.us> for pesticide exam and recertification meeting locations and to review your business information.

RFQ NUMBER: AGR2300000017

HELICOPTER APPLICATORS, INC. - AIRCRAFT INFORMATION

<u>MAKE/MODEL</u>	<u>FAA REG. #</u>	<u>SPRAY SYSTEM</u>	<u>TANK CAPACITY</u>
Bell OH58C	N637HA	Simplex	130 Gallons
Bell OH58A+	N653HA	Simplex	130 Gallons
Bell OH58A+	N655HA	Simplex	130 Gallons
Bell OH58C	N656HA	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
Bell 206L4	N652HA	Simplex	160 Gallons

AIRCRAFT INFORMATION FORM

1. Spray Project Contractor Information

a. Name Helicopter Applicators, Inc.	b. Telephone 717-337-1370	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.
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 WV Business License No. 0562		

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: 02/25/24	
m. Major modifications: <u>None</u>					

4. Airframe

a. Hours since new: 14942.0	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>
--------------------------------	---	--	--------------------------------------

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>6743.7</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>1598.3</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>510.8</u> Tail rotor <u>2349.3</u> Transmission <u>959.1</u>	b. Hours since overhaul: Main rotor <u>510.8</u> Tail rotor <u>2349.3</u> Transmission <u>959.1</u>
c. Hours before next overhaul: Main rotor <u>689.2</u> Tail rotor <u>50.7</u> Transmission <u>1440.9</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 <input type="checkbox"/>	b. Stall warning: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. Clock: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	e. Compass: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. Turn and bank: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
g. Directional gyro: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	i. Altimeter: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

9. Condition

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

10. Emergency Equipment

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

11. Electrical System

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

12. Lights

a. Rotating beacon: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. Landing: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. Cockpit: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. Navigation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	e. Other (specify):
--	--	--	---	---------------------

13. Radios and Guidance Equipment

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. Loran-C guidance system installed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/>	b. Total tank capacity: 130 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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
		SEE PILOT SHEETS			

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 – Contractor



Secretary/Treasurer
Title

02/08/23
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	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.
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 WV Business License No. 0562		

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>N653HA</u>	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>0</u> Annual Inspection Due: 03/30/24	
m. Major modifications: None					

4. Airframe

a. Hours since new: 8967.3	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-C20B	b. Horsepower: 420	c. Type fuel: Jet A	d. Supercharger: Yes _____ No <input checked="" type="checkbox"/>
e. Hours since new: Engine 1 7074.7 Engine 2 _____	f. Hours since major overhaul: Engine 1 2241.9 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 808.7 Tail rotor 1584.5 Transmission 687.0	b. Hours since overhaul: Main rotor 808.7 Tail rotor 1584.5 Transmission 687.0
c. Hours before next overhaul: Main rotor 391.3 Tail rotor 815.4 Transmission 1713.0	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 Crcphawk /	

15. Pilots Authorized to Fly Described Aircraft:

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

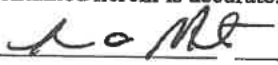
15. Pilots Authorized to Fly Described Aircraft: (continued)

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 – Contractor



Secretary/Treasurer
Title

02/07/23
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	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.
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 WV Business License No. 0562		

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>N655HA</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: 03/30/24	
m. Major modifications: <u>None</u>					

4. Airframe

a. Hours since new: 11143.1	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-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>10861.1</u> Engine 2 _____		f. Hours since major overhaul: Engine 1 <u>797.5</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>535.7</u> Tail rotor <u>499.8</u> Transmission <u>797.5</u>			b. Hours since overhaul: Main rotor <u>535.7</u> Tail rotor <u>499.8</u> Transmission <u>797.5</u>		
c. Hours before next overhaul: Main rotor <u>664.3</u> Tail rotor <u>1900.2</u> Transmission <u>1602.5</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 <input type="checkbox"/>	b. Stall warning: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. Clock: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	e. Compass: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. Turn and bank: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
g. Directional gyro: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	i. Altimeter: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

9. Condition

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

10. Emergency Equipment

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

11. Electrical System

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

12. Lights

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

13. Radios and Guidance Equipment

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

14. Spray System

a. STCs or 337s for all components: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. Total tank capacity: 130 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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
		SEE PILOT SHEETS			

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 – Contractor

Secretary/Treasurer
Title

02/07/23
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	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.
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 WV Business License No. 0562		

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 X <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>N656HA</u>	f. Year built: <u>1969</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: 04/01/24	
m. Major modifications: <u>None</u>					

4. Airframe

a. Hours since new: 11889.4	b. Used for aerobatics: 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>3019.5</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>1190.8</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>90.6</u> Tail rotor <u>1181.5</u> Transmission <u>1615.3</u>	b. Hours since overhaul: Main rotor <u>90.6</u> Tail rotor <u>1181.5</u> Transmission <u>1615.3</u>
c. Hours before next overhaul: Main rotor <u>1109.4</u> Tail rotor <u>1218.4</u> Transmission <u>784.7</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): _____	

8. Instruments

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

9. Condition

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

10. Emergency Equipment

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

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

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

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. Loran-C guidance system installed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/>	b. Total tank capacity: 130 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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
		SEE PILOT SHEETS			

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 – Contractor

Secretary/Treasurer
Title

02/07/23
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	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.
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 <u>WV Business License No. 0562</u>		

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>N659HA</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: 03/01/24	
m. Major modifications: <u>None</u>					

4. Airframe

a. Hours since new: 7068.2	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>5864.6</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>2754.9</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>0</u> Tail rotor <u>1207.7</u> Transmission <u>183.6</u>	b. Hours since overhaul: Main rotor <u>0</u> Tail rotor <u>1207.7</u> Transmission <u>183.6</u>
c. Hours before next overhaul: Main rotor <u>1200.0</u> Tail rotor <u>1192.3</u> Transmission <u>2216.4</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
		SEE PILOT SHEETS			

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 – Contractor



Secretary/Treasurer
Title

02/08/23
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	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.
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 WV Business License No. 0562		

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: <u>N660HA</u>	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: 04/01/24	
m. Major modifications: <u>None</u>					

4. Airframe

a. Hours since new: 28813.0	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-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>3481.9</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>1508.2</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>613.8</u> Tail rotor <u>971</u> Transmission <u>1951.6</u>	b. Hours since overhaul: Main rotor <u>613.8</u> Tail rotor <u>971.0</u> Transmission <u>1951.6</u>
c. Hours before next overhaul: Main rotor <u>1786.2</u> Tail rotor <u>1529.0</u> Transmission <u>2548.4</u>	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
		SEE PILOT SHEETS			

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 – Contractor

Secretary/Treasurer
Title

02/03/23
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	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.
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 WV Business License No. 0562		

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: <u>N641HA</u>	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: 03/30/24	
m. Major modifications: <u>None</u>					

4. Airframe

a. Hours since new: 25631.9	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>2972.7</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>982.2</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>1361.2</u> Tail rotor <u>1919.3</u> Transmission <u>2644.9</u>			b. Hours since overhaul: Main rotor <u>1361.2</u> Tail rotor <u>1919.3</u> Transmission <u>2644.9</u>		
c. Hours before next overhaul: Main rotor <u>1038.8</u> Tail rotor <u>580.7</u> Transmission <u>1855.1</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 <input type="checkbox"/>	b. Stall warning: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. Clock: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	e. Compass: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. Turn and bank: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
g. Directional gyro: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	i. Altimeter: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

9. Condition

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

10. Emergency Equipment

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

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

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

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. Loran-C guidance system installed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/>	b. Total tank capacity: 160 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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
		SEE PILOT SHEETS			

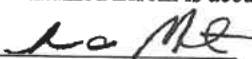
15. Pilots Authorized to Fly Described Aircraft: (continued)

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 – Contractor



Secretary/Treasurer
Title

02/03/23
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	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.
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 WV Business License No. 0562		

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: <u>N651HA</u>	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>0</u> Annual Inspection Due: 02/10/24	
m. Major modifications: <u>None</u>					

4. Airframe

a. Hours since new: 8287.8	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>19589.3</u> Engine 2 _____	f. Hours since major overhaul: Engine 1 <u>1314.7</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>1271.6</u> Tail rotor <u>1106.9</u> Transmission <u>2415.0</u>			b. Hours since overhaul: Main rotor <u>1271.6</u> Tail rotor <u>1106.9</u> Transmission <u>2415.0</u>		
c. Hours before next overhaul: Main rotor <u>1128.4</u> Tail rotor <u>1393.1</u> Transmission <u>2085.0</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
		SEE PILOT SHEETS			

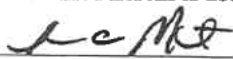
15. Pilots Authorized to Fly Described Aircraft: (continued)

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 – Contractor



Secretary/Treasurer
Title

02/08/23
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	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.
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 WV Business License No. 0562		

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>L4</u>		d. No. of engines: <u>1</u>	e. FAA Number: <u>N652HA</u>	f. Year built: <u>1996</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: 04/01/24	
m. Major modifications: None					

4. Airframe

a. Hours since new: 6947.0	b. Used for acrobatics: Yes _____ No <input checked="" type="checkbox"/>	c. Parking brakes: Yes _____ No <input checked="" type="checkbox"/>	d. Paint scheme: Light Gray/Orange/White
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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 6947.0 Engine 2 _____	f. Hours since major overhaul: Engine 1 947.8 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 433.8 Tail rotor 433.8 Transmission 0			b. Hours since overhaul: Main rotor 433.8 Tail rotor 433.8 Transmission 0		
c. Hours before next overhaul: Main rotor 1966.2 Tail rotor 2066.2 Transmission 4500.0			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 <input type="checkbox"/>	b. Stall warning: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. Airspeed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. Clock: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	e. Compass: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. Turn and bank: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
g. Directional gyro: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	h. Artificial horizon: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	i. Altimeter: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	j. Rate of climb indicator: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

9. Condition

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

10. Emergency Equipment

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

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

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

a. VHF system installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. FM radio installed as specified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. Selector switch for simo-monitoring of VHF and FM: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. Loran-C guidance system installed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e. GPS guidance system installed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/>	b. Total tank capacity: 160 gallons	c. Emergency dump system: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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
		SEE PILOT SHEETS			

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 – Contractor

Ka Me

Secretary/Treasurer
Title

02/08/23
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)

RFQ NUMBER: AGR2300000017

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 35+ years. In 2022, we sprayed over 90,000 gallons of BTI on rivers throughout Pennsylvania.

Maryland Department of Agriculture

Contact: Scott Larzelere
(443) 481-9644

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 and has continued spraying in the program through 2022. Is under contract to spray in 2023.

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: Heather Rzewuski
(304) 558-2221

Scope of Work: Have applied Vectobac 12AS for black fly control on West Virginia rivers from 2015 – 2022, applying approximately 35,000+ 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 250,000+ acres for the past 10 years for PA DCNR.



US Department
of Transportation
**Federal Aviation
Administration**

Operating Certificate

(DUPLICATE, DECEMBER 13, 2001)

This certifies that

**HELICOPTER APPLICATORS, INC.
1670 YORK ROAD
GETTYSBURG, PA 17325**

has met the requirements of the Federal Aviation Act of 1958, as amended, and the rules, regulations, and standards prescribed therein, for the issuance of this certificate and is authorized to operate as an Air Operator and conduct

COMMERCIAL AGRICULTURAL AIRCRAFT OPERATIONS

in accordance with said Act and its rules, regulations, and standards;

DISPENSING OF ECONOMIC POISONS ALLOWED.

This certificate is not transferable and, unless canceled, suspended, superseded, surrendered or revoked, shall continue in effect **Indefinitely.**

By Direction of the Administrator.

LARRY C. KREIDER

(Signature)

Certificate number: **NDBG684G**

Effective date: **February 2, 1999**

Manager, AEA-FSDO-13

(Title)

Issued at: **FA13, Harrisburg, PA**