

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

AGR2300000017

Proc Folder: 1180396 Reason for Modification: Doc Description: AERIAL APPLICATION OF BLACK FLY CONTROL Proc Type:

Solicitation No

CRFQ 1400

Version

**BID RECEIVING LOCATION** 

BID CLERK

Date Issued

2023-02-16

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

03/03/23 09:41:25 WU Purchasing Division —

VENDOR

Vendor Customer Code: OOOOOO193014

Vendor Name : Helicopter Applicators, Inc.

Central Master Agreement

13:30

Solicitation Closes

2023-03-09

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

Date Printed: Feb 16, 2023

Page: 1

FORM ID: WV-PRC-CRFQ-002 2020/05

### 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\*\*\*

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

Qty	Unit Issue	Unit Price	Total Price
0.00000	-		
		0.00000	A Acces

Comm Code	Manufacturer	Specification	Model #	
70151502				

### **Extended Description:**

Pricing to be included on attached Exhibit A Pricing Page

### SCHEDULE OF EVENTS

<u>Line</u>	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) Knarting 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)
Kmarting helicoptera policators. 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)	ved)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	Addendum No. 6 Addendum No. 7 Addendum No. 8 Addendum No. 9 Addendum No. 10
I further understand that any verbal representation discussion held between Vendor's representation	t of addenda may be cause for rejection of this bid. ation made or assumed to be made during any oral tives and any state personnel is not binding. Only the specifications by an official addendum is
Helicopter Applicators, I	٠
Authorized Signature	
2/22/23 Date	
NOTE: This addendum calmandada	

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. Martia Telephone Number: 717-337-1370

Fax Number: 717-337-1527

Email Address: Kmartin @ helicopter - policotors. 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	s 96.22	s 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:

water flow (in ft.3/ second)/ 200 = Bti required (in gal.)

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

4400 ft.3/ second/ 200 = 22 gal. Bti

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

Name: Isaac Santos

Comm. Certificate Numbers:

Ratings: Rotorcraft - Helicopter

West Virginia Applicators License:

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

Comm. Certificate Numbers:

Ratings: Rotorcraft - Helicopter
West Virginia Applicators License:

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:

Ratings: Rotorcraft - Helicopters West Virginia Applicators License:

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:

Ratings: Rotorcraft - Helicopters West Virginia Applicators License:

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**

. Personal Information				
d. C	Home telephone City, State, and Z	Cip Code	Complete resun completed and s Management Pr	Il information in ink. ne below. Return signed form to Vector roject Coordinator. See
o wu Pesticide Applicator's Lic	ense Nu	wper:	Contract Specifiaddress.	ications for name and
. Emergency Contact	U			
a. Name	Ci e e		c. Telephone	d Relationship .
Employer Information				
a. Name of employer Helicopter Applicators Inc  b. Addres 1670 York	s, City, State, Zi Rd, Gettysburg	p Code , PA 17325	c. Is employed	er: actor_X_ Subcontractor
d. Is employment:  Employer's   Employer's   Full-time X Seasonal	epartment of Ag	riculture's pestic	ide application business license number:	0562
Airman Certificate Information				
2010 4 74	Yes No_		d. Type ratings (include heavy A/C type ratings): ROTORCRAFT, Helicopter	e. FAR Part 137 qualified
Medical Information		,		
a. Flight Experience as Pilot-In-Command (Hours)	Total	Past 12 Months	b. Has any previous approval been der	nied, suspended, or revoked
All aircraft (1,000 hours required)	4908	446	in Pennsylvania or on any state, federa Yes (explain on reverse) No	
Night (10 hours required)	125	5	c. List any related schools or training s last three years (if none, check here	sessions attended within the
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	4908	446	last times years (it none, check here	_
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)		446		
Pesticide application in terrain typical of contract area (50 hours required)	4908	446	1	
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 Yes(explain on reverse) No	within the past three years?
. Are you proficient in reading and navigating with 7.5 mind and other scale topographic maps?	ute quadrangle	f. Are	you proficient in the use and operation of king and guidance systems? SATLOC (Y	the aircraft's electronic
es X No		g. Nur	mber of hours flown with either in past 12	months: 446

Year	me (list recent agriculta	y/Location	Contact Person*	A Samuel	T
2020- 2023	Helicopter Applicator Inc		Kirt Martin, 717-337-1370	Aircraft Bell, 206/OH58,	Pest
2020-	Coastal Helicopter LLC			206L3, 206L4	Black Fly, Gyr moth
2015 2015-		_	Greg Clubs, 850-769-6117	Bell 206B/0H58	same
013-	AgAir		Dan Riely, 717-357-3700	Bell 206B	Same
	*T11				7.
Certif	ication	lephone. Application	will be rejected if this inform	ation is not pro	vided.
		m colohy roomanaihla fa a	1		
			he safe operation of my aircraft. The ated turnaround areas, to identify an		
uisrepre	sentation of information req	uested will result in my pr	ohibition from participation in the c	undersiand that a	my ression project
	ISAAC SANTOS	. 02/01/2023.	1 - 11.4	2	
gnature	e of Pilot Applicant	02/01/2023 Date	Attested to by Employer	2/1	<u>123</u>
					Date
teviev	v- Vector Managemen	t Project Coordinate	or (For DEP Use Only)		
uave re	viewed the information prov	ided. Based upon that rev	riew, my determination of the applic	ant's compliance	with the
quin om	ions is as follows:	phot as set forth in DEP	s Vector Management insect suppre	ssion program cor	tract
	Meets requirements				
	-				
I	Does not meet requirements.	If rejected, see explanati	on below.		
		Signa	ture – Vector Management Project (	Coordinator Da	te
Revie	w – Aircraft Operatio				
have re	viewed this information and	am in agreement with the	decision of the field project coordin		
	and the same same same same	an in agreement with the	decision of the field project coordin	ator.	
		Signa	ture - Aircraft Operations Advisor		
		Бідпа	mine - Ancian Operations Advisor	Dat	е
		Expl	anations		
o. Exp	planation of any previ	ous approval being d	denied, suspended, or revoke	d in Pennsylva	nia or on
y sta	te, federal, or other pr	ogram.			
		*			
l. Det	ails and explanation o	f any aircraft accide	nts within last three years.		
		HALVIGIT GOOGLO	mes within last three years.		





UNITED STATES OF AMERICA

QUESTITIENT OF Transportation

Fiberal Aviation Administration

WEDICAL CERTIF

### MEDICAL CERTIFICATE SECOND CLASS

THE SECO	ND CLASS
This certifies that (Full name and address):	
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Date of Birth Height Weight Hair	Fyer Sex
Regulations, for this class of Medical Certificate.	67, Federal Aviation
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Date of Examination	idealian Na
04/19/2022	AUGITIVO.
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	VOS 17 8
Tyled Name  LETITLA ARCHULETA, MD	2013 A

Gontrol No.:

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

Isaac Lee Santos

Continuing Education Credit Information

Credits Acquired Required

Credits Needed

13E-Black Fly Control 20 Due 12/31/2025 20

Credits

Ret at the Little

NOT TRANSFERABLE **AUTHORIZED REPRESENTATIVE** 

### **Pilot Information Form**

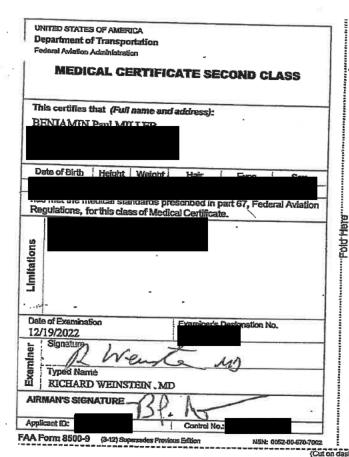
1. Personal Information						
a. Name (Last, first, middle initial)	h IV	ena delenio				
					Type or print al	l information in ink.
c. Home address	1 (7)		Code		Complete resum	e below. Return igned form to Vector
6 Jahr Peet Links & to 1					Management Pr	oject Coordinator, See
. WV Pesticide Applicator	's Lice	nse. Num	per:		Contract Specifi address.	cations for name and
2. Emergency Contact				_		
a. Name	b. Address, Same as abo	City, State, Zip	Code		c. Telephone	d, Relationship
	Same as and					
3. Employer Information						,
- 27	b. Address,	City, State, Zip	Code		c. Is employe	-
Helicopter Applicators Inc.	1670 York F	d. Octtysburg,	PA 17325			actor _X_ Subcontractor
	er's WDep	partment of Agr	iculture's pesti	icide application busine	ss license number:	
Full-time X Seasonal					2	0562
4. Airman Certificate Informat	Hom					
a. Type: b. Certificate nu		Current instrun	nent rating?	d. Type ratings (inch	uda haerri A/C trans	- FAR P-+ 127 - 115 10
COMM_X_ ATP				ratings):		e. FAR Part 137 qualified?
	10	s No_X	_	Rotorcraft-Helicoopte	er	YesX No
5. Medical Information						7
	f current me	dical certificate	; c. Limit	tations:		
						(4)
6 Transition (TO) it is TO GO						
6. Experience/Training/Proficion			D+ 10	1. **		
a. Flight Experience as Pilot-In-Command (Hours	s)	Total	Past 12 Months	b. Has any previo	ous approval been der r on any state, federa	nied, suspended, or revoked
All aircraft (1,000 hours required)		4014	479		in on reverse) No	
Night (10 hours required)		28	0	c. List any related	d schools or training s	essions attended within the
Type (rotary or fixed-wing) to be flown on cont	Tact (SAA	4013	479	last three years (if	none, check here	
hours required)		4015	415	PAASS program	2022 and 2023	
Weight class (category) to be flown on contract hours required)	(100	4014	479	Helicopter Safety	Training (Lon Wimb	erley) Refresher flight
Make, model, and series to be flown on contrac required)	t (20 hours	3848	479		2022 – Bell 206L3	
Pesticide application in terrain typical of contra hours required)	ct area (50	3645	479			
Takeoffs/landings at altitude typical of project a loads similar to an average spray load (20 requi	rea with	19,921	2999			
Number of seasons of aerial spraying over terra of contract areas (2 required)	in typical	10		d. Have you had a	any aircraft accidents in on reverse) No	within the past three years?
c. Are you proficient in reading and navigating wi and other scale topographic maps?	th 7.5 minut	e quadrangle	f. A		use and operation of estems? SATLOC (Y	the aircraft's electronic
Yes X No			g. N	umber of hours flown	with either in pact 12	months: 470

W.V. Dept. of Ag = Blackfly Suppression		ume (list recent agricultural aer Agency/Locati	on Contac	t Person*	Aircraft	D .
Doug On - 717-497-4606   Bell 206/OH-58   Blackfly   Blackfly   Suppression   Doug On - 717-497-4606   Bell 206/OH-58   Blackfly   Suppression   Doug Pond - 804-241-8118   Bell 206/OH-58   Forestry   Herbicide   Bell 206/OH-58   Com Fungi   Grimmel Farms - Maryland   Ed Grimmel - 443-807-9735   Bell 206/OH-58   Com Fungi   Farms - Maryland   Bim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Farms - Maryland   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Jim Beyer - 410-259-1150   Bell 206/OH-58   Com Fungi   Jim Beyer - 410-259-1150   Jim Beyer - 410-259-1150   Jim Beyer - 410-259-1150   Jim Bey		W.V. Dept. of Ag - Blackfly Suppression				Pest
Doug Pond - 804-241-8118   Bell 206/OH-58   Forestry   Herbicide   Pond - 804-241-8118   Bell 206/OH-58   Com Fungi   Pond - 804-241-8118   Pond - 804-241-8118   Bell 206/OH-58   Com Fungi   Po		PA DEP - Blackfly Suppression	Doug Oπ – 717-	497-4606	Bell 206/OH-58	
Ed Grimmel Farms - Maryland   Ed Grimmel - 443-807-9735   Bell 206/OH-58   Com Fungi 2021	2016-	Nutrien AG Solutions - Virginia				•
*Include name and telephone. Application will be rejected if this information is not provided.  *Include name and telephone. Application will be rejected if this information is not provided.  *Include name and telephone. Application will be rejected if this information is not provided.  *Include name and telephone. Application will be rejected if this information is not provided.  *Include name and telephone. Application will be rejected if this information is not provided.  *Include name and telephone. Application will be rejected if this information is not provided.  *Include name and telephone. Application will be rejected if this information is not provided.  *Include name and telephone. Application 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-measured 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 program contract suppression program and the property of Pilot Applicant 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. If rejected, see explanation below.  Signature – Vector Management Project Coordinator Date  **Signature - Aircraft Operations Advisor** Date  **Explanations**  6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or or or the property of the property of the pennsylvania or or or the pennsylvania or or o	2014-	Grimmel Farms - Maryland				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-m 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 program contract. Signature of Pilot Applicant  Date  Attested to by Employer  Date  D. 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. If rejected, see explanation below.  Signature - Vector Management Project Coordinator  Date  O. 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 or	2014-	Willard Agri Services - Maryland				
Does not meet requirements. If rejected, see explanation below.    Signature - Vector Management Project Coordinator   Date	I certify reconnais hazards of misrepressing a superior of the	that as an applicator pilot I am solely a ssance flight over each working area, for obstructions to aircraft flight. I furtisentation of information requested will of Pilot Applicant  ew- Vector Management Projections for an aerial application pilot as sections is as follows:	responsible for the safe operation of responsible for the safe operation of resoluting associated turnaround areas are certify that all statements made her result in my prohibition from partice.  2-6-23  Date  Attested to by Interpretation of the property of the particular and the property of the particular and the property of the particular and the particular and the property of the particular and the partic	my aircraft. This s, to identify and erein are true. In ipation in the cur Employer e Only)	includes making locate all natura anderstand that a rent year's suppr	g a I or man-made my ression project. 2/6/2.3 Date
I have reviewed this information and am in agreement with the decision of the field project coordinator.  Signature – Aircraft Operations Advisor  Date			Signature – Vector Manag	ement Project Co	ordinator Da	te
Signature – Aircraft Operations Advisor Date  Explanations  6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or or	0. Revi	ew - Aircraft Operations Adv	isor (For DEP Use Only)			
Explanations  6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or or	I nave rev	viewed this information and am in agr	eement with the decision of the field	project coordinat	tor.	
6b. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or of			Signature - Aircraft Opera	tions Advisor	Dat	
						e
	6b. Exp	planation of any previous app te, federal, or other program.		d, or revoked	in Pennsylva	
6d. Details and explanation of any aircraft accidents within last three years.	6b. Exp any stat	planation of any previous app te, federal, or other program.		d, or revoked	in Pennsylva	

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

UNITED STATES OF AMERICA XI DEPARTMENT OF TRANSPORTATION - PEDERAL AVIATION ADMINISTRATION OF NAME BENJAMIN PAUL MILLER	9
Y ACCIDES	
VI NATIONAL TY, USA VIS D.O.B. IN HAS SEEN FOUND PROPERLY QUALIFIED TO ARROUGH THE MERCHANISM OF THE PROPERLY QUALIFIED TO ARROUGH THE PROPERLY QUALIFIED THE PROPERLY QUALIFIED TO ARROUGH THE PROPERLY QUALIFIED THE PROPERLY Q	FYES
III. GERTIRIDATE NUMBER A DATE OF 1551/E / DEC 2018	-
	N





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.

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

Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØKBB 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 Credits Credits Credits
Credit Information Acquired Required Needed

1-Agricultural Plant Pest 10 20 Due 12/31/2024 Control 3-Forest Pest Control 14 20 6 Due 12/31/2024 6-Aquatic Pest Control 14 20 6 Due 12/31/2024 13E Obek Fly Control 14-Aerial 12 20 Due 12/31/2024 0 0 Due 12/31/2024

NOT TRANSFERABLE

**AUTHORIZED REPRESENTATIVE** 

### **Pilot Information Form**

1. Personal Information						
a. Name (Last, first, middle initial)	b. Hor	me telephone				
					Type or print al	l information in ink.
5. 1101HO (44H1635	d, City	, State, and Zir	Code	Complete resume below. Res		
		, , , , , , , , ,		completed and signed form Management Project Coord		igned form to Vector
" WY resticide Applicato	els Lies	ase Nue	her !	hom	Contract Specifi	cations for name and
The same before the		- GC / CO			address.	
il-						
2. Emergency Contact						
a. Name	b. Address	City State Zin	Code		o Telephone	1 2 2 1 1 11
- N		200				
a. Name of employer	o. Address,	City, State, Zip	Code		c. Is employe	r.
Helicopter Applicators Inc	670 York R	d, Gettysburg, l	PA 17325			actor _X_ Subcontractor
d. Is employment: e. Employ	er's Dep	artment of Agri	culture's pestici	de application busine	ss license number:	
Full-time X Seasonal						0562
A Airman Contificate Y. C.						
4. Airman Certificate Informat  a. Type:  b. Certificate nu		O				-
		Current instrum	1	<ol> <li>Type ratings (incluatings):</li> </ol>	ide heavy A/C type	e. FAR Part 137 qualified?
COMM_X ATP	Yes No_X					Yes _X No
			I	Rotorcraft-Helicopter		
5. Medical Information						
a. Classification: b. Date o	f current me	dical certificate	: c. Limitat	ions:		
6. Experience/Training/Profice	ency					
a. Flight Experience as Pilot-In-Command (Hours	3)	Total	Past 12 Months	b. Has any previo	ous approval been der r on any state, federa	nied, suspended, or revoked
All aircraft (1,000 hours required)		3861	241	in i cizisyivama o	on any state, tedera	, or other program?
		202		Yes (expla	in on reverse) No _	
Night (10 hours required)		393	0	last three years (if	none, check here	sessions attended within the
Type (rotary or fixed-wing) to be flown on com	tract (500	3821	241	7		
hours required)  Weight class (category) to be flown on contract	(100	2021	241	-		
hours required)	(100	3821	241			
Make, model, and series to be flown on contrac	t (20 hours	3821	241	7		
required)  Pesticide application in terrain typical of contra	ot area (50	3821	241	4		
hours required)	ct area (50	3621	241			
Takeoffs/landings at altitude typical of project a loads similar to an average spray load (20 requi	red)	3800+	500+			
Number of seasons of aerial spraying over terra of contract areas (2 required)		12	(0.6/L)	d. Have you had a	any aircraft accidents in on reverse) No	within the past three years?
e. Are you proficient in reading and navigating wi and other scale topographic maps?	th 7.5 minut	e quadrangle	f. Are		use and operation of stems? SATLOC (Y	the aircraft's electronic  os No_X)  os_X_ No)
Yes X No			g. Nu	mber of hours flown	with either in past 12	months: 357

1

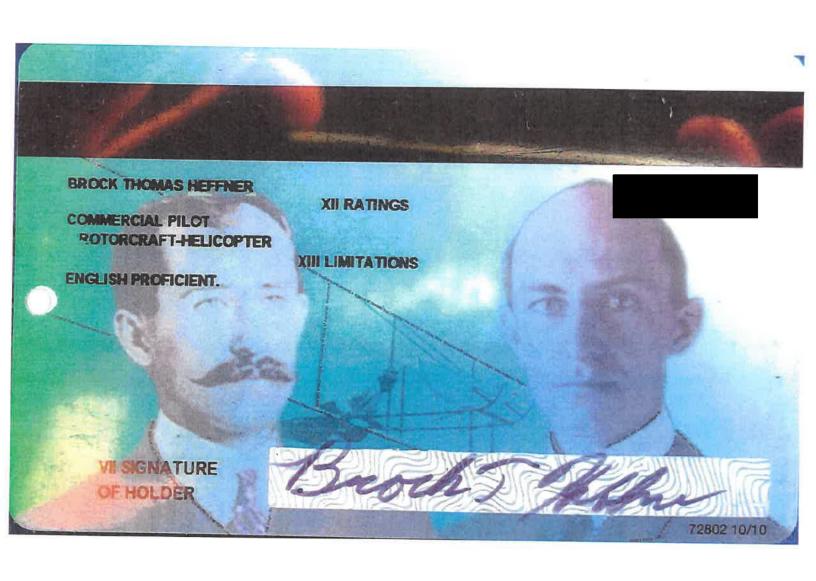
7. Resume (list recent agricultural aerial spraying experience by year)

Contact Person*		
Kirk Martin	Aircraft Bell 206/205	Pest various
Erin Nooney 609-269-5064	Bell 206	mosquito
Greg Williams 201-223-1133	Bell 206	mosquito
Doug Orr	Bell 206/205	Black fly
	Erin Nooney 609-269-5064  Greg Williams 201-223-1133	Kirk Martin       Bell 206/205         Erin Nooney 609-269-5064       Bell 206         Greg Williams 201-223-1133       Bell 206

\*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 2-07-23 Signature of Pilot Applicant Date 9. Review- Vector Management Project Coordinator (For DEP Use Only) I have reviewed the information provided. Based upon that review, my determination of the applicant's compliance with the requirements for an aerial application pilot as set forth in DEP's Vector Management insect suppression program contract specifications is as follows: Meets requirements Does not meet requirements. If rejected, see explanation below. Signature - Vector Management Project Coordinator 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





- 1.1	MITED DTATES AS A SECOND
_	NITED STATES OF AMERICA
D	epartment of Transportation
F	ederal Aviation Administration
	MEDICAL CERTIFICATE SECOND CLASS
Т	his certifies that (Full name and address):
R	ROCK Thomas HEFFATER
Г	ate of Birth Hoight Works
F	
Re	egulations, for this class of Medical Certificate,
	dis class of Medical Certificate,
	garateris, for this class of Medical Certificate.
	generality, for this class of Medical Certificate.
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	guantoris, for this class of medical Certificate.
	y wedical Certificate.
Limitations	,
Limitations	e of Examination   Examination
Dad Timitations	e of Examination /30/2022
Dad Timitations	e of Examination   Examination
Dad Timitations	e of Examination /30/2022 Signature
Dad Timitations	e of Examination /30/2022 Signature Typed Name
Examiner 9 o Limitations	Examination /30/2022 Signature Typed Name ALAN HAY, MD
Examiner 9 o Limitations	e of Examination /30/2022 Signature Typed Name ALAN HAY, MD
Examiner 0 on Limitations	Examination /30/2022 Signature Typed Name ALAN HAY, MD

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)

""Fold Here

 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 HEFFNER

Dear Airman:

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

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

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



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: ØØ14FQ 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	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

gat a. L.

### **Pilot**

. Personal Information	1					)#7		
a. Name (Last, first, middle initial)	b. I	Home telephone						-103
c. Home address d. Cit		City. State, and Zin Code.			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.			
								W.
. Emergency Contact								
a. Name	b. Addres	ss, City, State, Zip (	Code		C.	Telenhone		d Polotionship
Employer Information	n	~ ~		_				
a. Name of employer	b. Address	s, City, State, Zip C	Code			Is employer		
Helicopter Applicators Inc	1630 York	Rd, Gettysburg,	PA 17325		Pris	mary contra	actor X	Subcontractor
d. Is employment:	e. Employer's MD	epartment of Agrica	ulture's pestic	cide application busine	ss license r	umber:		
Full-time X Seasonal							C	\$62
Airman Certificate In	formation			9)		æ		
a. Type: b. Ce  COMM X ATP		c. Current instrume	_	d. Type ratings (includings):	ude heavy	A/C type		R Part 137 qualified
Medical Information								
a. Classification:	b. Date of current r	medical certificate	c I imit	ations:				
Experience/Training/I	Proficiency			W				
a. Flight Experience as Pilot-In-Comm	mand (Hours)	Total	Past 12 Months	b. Has any previ Pennsylvania or o	ous approv	al been den o, federal, o	ied, sus	pended, or revoked i program?
All aircraft (1,000 hours required)		2404	396	Yes(expla	in on rever	se) No	<u> </u>	
Night (10 hours required)		. 100	3	c. List any relate	d schools o	r training s	essions	attended within the
Type (rotary or fixed-wing) to be flours required)	own on contract (500	2404	369	last three years (i			_	
Weight class (category) to be flown required)	on contract (100 hour	rs 2364	371					
Make, model, and series to be flows required)	n on contract (20 hours	s 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	d. Yes	Have you had any air	rcraft accidents within everse) NoX	the past three year
e. Are you proficient in reading and navigating with 7.5 minuand other scale topographic maps?  Yes X No	ite quadrangle	f. Are you pr tracking an	oficient in the use an d guidance systems?	d operation of the airce SATLOC (YesX_ AgNav (YesX_ ther in past 12 months:	_ No
		1		•	360
Resume (list recent agricultural aerial s	praying exp	perience by yea	ar)		
Year Agency/Location		Conta	act Person*	Aircraft	Pest
Helicopter Applicators Inc		Kirk Martin -	(717) 495 - 7749	B206	Black Fly
Helicopter Applicators Inc		Kirk Martin -	(717) 495 - 7749	B206	Black Fly
Certification  certify that as an applicator pilot I am solely respectonnaissance flight over each working area, included azards or obstructions to aircraft flight. I further hisrepresentation of information requested will redignature of Pilot Applicant	uding associa	ited turnaround are 1 statements made phibition from par	eas, to identify and the control of	nd locate all natura	al or man-mad
Review- Vector Management Project (	Coordinato	r (For DEP Us	se Only)		
have reviewed the information provided. Based a equirements for an aerial application pilot as set for pecifications is as follows:  Meets requirements	upon that revi	ew my determina	tion of the applic	cant's compliance ssion program cor	with the ntract
Does not meet requirements. If rejected,	see explanatio	on below.			
	Signat	ure – Vector Mana	agement Project (	Coordinator Da	ite
Review - Aircraft Operations Advisor	For DEP	Use Only)			
have reviewed this information and am in agreen			ld project coordi	nator.	
•	-		erations Advisor	<u>Da</u> r	

Explanations

bb. Explanation of any previous approval being denied, suspended, or revoked in Pennsylvania or on the state, federal, or other program.	n
NIA	
d. Details and explanation of any aircraft accidents within last three years.	
N/A	
1. Reason(s) for rejection. (For DEP Use Only)	

## UNITED STATES OF AMERICA X



IV NAME

RASMUS JUUL FANJOY

**V ADDRESS** 



VI NATIONALITY DENMARK
IVa D.O.B.

SEX HEIGHT WEIGHT HAIR EYES

IX HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

IL COMMERCIAL PILOT

III GERTIFICATE NUMBER

X DATE OF ISSUE

20 NOV 2019

XIV

VIII

**ADMINISTRATOR** 



	MEDICAL CERTIFICATE SECOND CLASS	GONDITIO
T	his certifies that (Full name and address):	The holder
R	ASMITS THE PLANTAGE OF THE PARTY OF THE PART	Have it in while exercit
Ñ		(14CFR § 6
	ate of Birth   Height   Walnut   Line	<ul> <li>Understar</li> <li>by an Aviation</li> </ul>
	Hair Evas Sau	FAA within 6
Tital Do	guations forth	(14CFR § 67 • Comply wi
- NE	garatoris, for this class of Medical Certificate.	second-, and (14CFR § 61
U)	None Page 1	<ul> <li>Comply with</li> </ul>
flon	l did	and/or time li certification.
Limitations		(14CFR § 67.
=		<ul> <li>Comply with operation duri</li> </ul>
Dutte		(14CFR §§ 6
11/2	of Examination System 13/2022 Search action No.	For Internation affected by cer
ner	Signature Bo-fi-	Consuit the U.
Examiner	Typed Name	U.S. difference
ũ	Beth Cunningham, MD	
	AN'S SIGNATURE	
Applica	1/2////	

### )F ISSUE

is certificate must:

- or her personal possession at all times privileges of an airman certificate.
- hat the issuance of a medical certificate Medical Examiner may be reversed by the
- ralldity standards specified for first-, rd-class medical certificates.
- ny statement of functional, operational, ation issued as a condition of

n, he standards relating to prohibitions on medical deficiency. 3, 63.19, and 65.49)

Operations Only: Some holders may be in international medical standards. Aeronautical Information Publication for with ICAO Annex 1 medical standards.

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: ØØ1QPA 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	Credits	Credits	Credits
Credit Information	Acquired	Required	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

NOT **TRANSFERABLE**  **AUTHORIZED REPRESENTATIVE** 

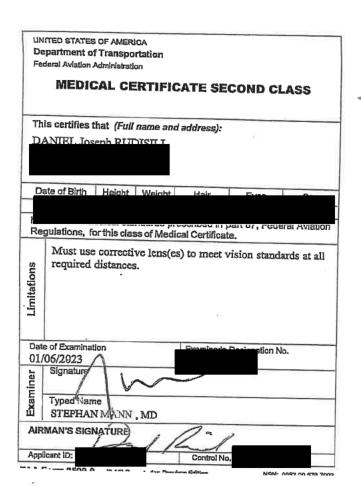
### **Pilot Information Form**

1. Personal Inform							
a. Name (Last, first, middle	initial)	b. I	Iome telephone				
						Type or print al	l information in ink.
o. Home address		d, (	city, State, and Zi	p Code		Completed and s	e below. Return
						Management Pr	oject Coordinator. See
- No LESHICIGE	A pel:	cator's Lic	ense Num	ber:		Contract Specifi	ications for name and
						address.	
2. Emergency Con	toot				-		
a. Name	tact	b. Addre	ss, City, State, Zip	Code .		c. Telephone	d Deleterati
			,, <u></u> ,			c. relephone	d. Relationship
3. Employer Infor	matior						`
a. Name of employer		b. Addres	ss, City, State, Zip	Code		c. Is employe	
HELICOPTER APPLICATO d. Is employment:			RK RD. GETTYS	BURG, PA 17	325		actorX_ Subcontractor
d. is employment:	1	E. Employer's W	Department of Agr	iculture's pesti	icide application busines	ss license number:	0613
Full-time X Seasonal							0562
4. Airman Certific	ate Int	formation					
a. Type:	_		c. Current instrur	nent rating?	d. Type ratings (inclu	de heavy A/C type	e. FAR Part 137 qualified?
COMM_X_ ATP			Yes No	x	ratings):		
					SK61 Yes _X N		
5. Medical Inform:	ation						
a. Classification:		b. Date of current	medical certificate	c. Limit	tations:		
( T	*						
6. Experience/Trai	ning/P	roficiency		D 10	1		
a. Flight Experience as Pilot-	In-Comma	ind (Hours)	Total	Past 12 Months	b. Has any previo	ous approval been der r on anv state, federa	nied, suspended, or revoked l, or other program?
All aircraft (1,000 hours red	quired)		13000	250			
Night (10 hours sominal)			360	5	c. List any related	in on reverse) No_X	sessions attended within the
Night (10 hours required)					last three years (if	none, check here	)
Type (rotary or fixed-wing) hours required)	to be flow	vn on contract (500	13000	250	PAASS 2023		
Weight class (category) to I hours required)	e flown o	n contract (100	7100	200	FAR 135 TRAINI	NG	
Make, model, and series to required)	be flown (	on contract (20 hour	7100	200			
Pesticide application in terri hours required)	ain typical	of contract area (50	5600	100			
Takeoffs/landings at altitud- loads similar to an average	spray load	(20 required)	25000+	1200			
Number of seasons of aerial of contract areas (2 required	spraying	over terrain typical			d. Have you had a Yes (explai	any aircraft accidents n on reverse) No	within the past three years?
e. Are you proficient in readir and other scale topographic ma	ng and nav aps?	igating with 7.5 min	nute quadrangle	f. A		use and operation of stems? SATLOC (Y	f the aircraft's electronic
Ves Y No				1000	Y	14 to 157 cm	

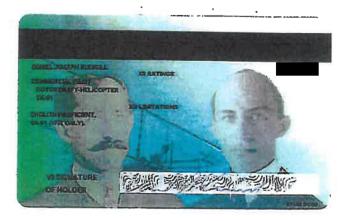
7. Resume (list recent agricultural aerial spraying experience by year)

Year	Agency/Location	Contact Person*	Aircraft	Dogs
1994- 2022	PA DEP	DOUG ORR	B206/BUH1H	Pest
1994- 2022	WV DA		B206	BLACKFLY
1994- 2022	PA DCNR	DON EGAN	B206/BUH1H	GYPSY MOTH
	*T11			

2022				D200/DOITIT	GIPSI MOIH
	*Include name and teleph	one. Application wil	ll be rejected if this inform	ation is not pr	ovided
	meation				
I certify	that as an applicator pilot I am sole	ely responsible for the saf	e operation of my aircraft. This	s includes making	z a.
1000ma	ssance ingili over each working are	ea, including associated t	umaround areas to identify and	Locate all notine	1
TIGETH OF	or confidencial to afficially light.	Hirrner cernity that all chat	ements made herein are true. I	same of amount of all and	
misropro	schadon of information requested	will result in my prohibit	tion from participation in the cu	rrent year's suppr	ression project.
La	Kardal	02/03/2023	_ sa	Ne	213/23
Signatur	e of Pilot Applicant	Date	Attested to by Employer		Date
9. Revi	ew- Vector Management Pr	niect Coordinator (	For DEP Use Only)		
I have re	viewed the information provided.	Based upon that review	my determination of the emplica	ntle compliance :	nish si
redmien	ents for an aerial application pilot a	as set forth in DEP's Vec	tor Management insect suppress	an a compliance v	vitn the
specifica	tions is as follows:			sion program con	ili aci
	Meets requirements				
	Dans		_		
	Does not meet requirements. If rej	ected, see explanation be	low.		
		Signature -	Vector Management Project C	oordinator Da	te
10 D	· · · · · · · · · · · · · · · · · · ·				
I hove w	lew – Aircraft Operations A	Advisor (For DEP U	se Only)		
1 nave re	viewed this information and am in	agreement with the decis	sion of the field project coording	itor.	
		Signature -	- Aircraft Operations Advisor	Dat	e
		Y71 Y	4.		
		Explana	itions		
6b. Ex	nlanation of any previous a	pproval being denic	d suspended ou week	1 to Day 1	
any sta	te federal or other progress	M Phrover nems delite	eu, suspendeu, or revoked	i in Pennsyiva	ania or on
HAZY DEE	ic, reactal, or other program	ш.			
(1 D	4-3111				
oa. De	tails and explanation of any	aircraft accidents	within last three years.		
11. Re	ason(s) for rejection. (For I	DEP Use Only)			
	sture of Pilot Applicant Data				







USDA INTERAGENCY USDI		Make, Model & Series	PIC SIC	VFR	IFR	IFR W/AP
UAS HELICOPTER PILOT	B206L	111	PIC	LSR		W/AF
QUALIFICATION CARD	UH-1		PIC	LSR		
I. Pilot Name:		(3)	PIC	LSR		-
Daniel J. Rudisili						-
II. Company: Helicopter Applicators Inc.	Approved	VIII. Authorized Missions	Date	Flight Evaluation Completed Inspector Info Only		
III. Expiration Date: Apr-2023		Mountainous Tercain	Expire	USFS	DOI	ММ
		Low Level & Reconnaissance				
IV. CARD STATUS  ☑Interagency □DOI Only □USFS Only □Initial ☑Renewal □Re-issue □Added Authorization		Waler/Retardant, Bucket	Jun23	*** ***	12	- 9 -
		Ext Load, Longline >50'	Jun23			
	LS R	Aerial Ignition PSD	00.120		-	
V. Inspector Comments: FAA Pilot Cert;		Helitack/PAX Transport				
		Aerial Application, Traditional		-		
VI. Issued By:				-	-	
ROBERTS USFS				-	-	
(Print Namo) (0120)  (0120)  04/08/2022						
DAS-308 (2-18) 5700-3A (Usus Date)			_			

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

Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØØHØM 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 Credits Credits Credits
Credit Information Acquired Required Needed

 3-Forest Pest Control
 25
 20
 0
 Due 12/31/2023

 13E-Black Fly Control
 12
 20
 8
 Due 12/31/2024

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NOT TRANSFERABLE **AUTHORIZED REPRESENTATIVE** 

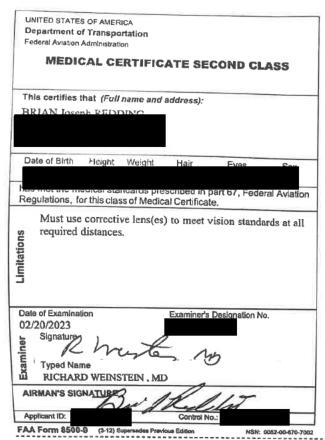
## **Pilot Information Form**

1. Personal Information					
	Iome telephone				
				Type or print a	ll information in ink. ne below. Return
o. 1100110 2001022	ity State and 7	n Code		completed and :	signed form to Vector
				Management P	roject Coordinator, See
THE THE PROPERTY LICE	ierse Nu	mber :		address.	ications for name and
2. Emergency Contact		13	-1-		
a Name	s, City, State, Zip	Code		a Waterland	1.5
	, , ,			c. Telephone	d. Relationship
3. Employer Information					
a. Name of employer b. Address	i, City, State, Zip			c. Is employe	r: actor_XSubcontractor
	Road, Gettysbur	g. PA 17325	icide application business		
Full-time X Seasonal	-parameter of right	remaines pesi	icide application business	license number:	0562
4. Airman Certificate Information					
- 7	. Current instrum	ent rating?	d. Type ratings (include	e heavy A/C type	c. FAR Part 137 qualified?
COMM_X_ATP	es No_X	. 1	ratings):		
			ASEL, Rotorcraft,		Yes _X No
5. Medical Information					
a. Classification:  b. Date of current m	edical certificate	c. Limit	ations:		
Second 2/20/23		Correctiv	ve Lenses		
6. Experience/Training/Proficiency					
a. Flight Experience as Pilot-In-Command (Hours)	Total	Past 12 Months	b. Has any previous in Pennsylvania or o	approval been den	ied, suspended, or revoked
All aircraft (1,000 hours required)	8099	255		on reverse) No	
Night (10 hours required)	80	3	c. List any related s	chools or training e	essions attended within the
Type (rotary or fixed-wing) to be flown on contract (500 hours required)	7990	255	last three years (if no Bell Ground School	and Flight	_
Weight class (category) to be flown on contract (100 hours required)	7990	255	Feb. 2002, 2003,200	4,2006,2007,2008,	
Make, model, and series to be flown on contract (20 hours required)	7990	255	NEAAA Conference DE) PAAAS Safety Prog		Harrisburg, PA & Dover,
Pesticide application in terrain typical of contract area (50 hours required)	4965	200		33	1
Takeoffs/landings at altitude typical of project area with loads similar to an average spray load (20 required)	26000+	2000+	3/15/21 — Bi-Annual	rlight Keview	
Number of seasons of aerial spraying over terrain typical of contract areas (2 required)	25	in it sin	d. Have you had any Yes (explain o	zircraft accidents v	within the past three years?
c. Are you proficient in reading and navigating with 7.5 minute and other scale topographic maps?	te quadrangle	£. A	re you proficient in the us acking and guidance syste	e and operation of ome? SATLOC (Ye	the aircraft's electronic
Yes X No		g. Na	umber of hours flown with	h either in past 12 n	nonths: 25

Year	ume (list recent agricultural a	ation	Contact Person*	Aircraft	-
2003-07	DE Mosq. Control			Aircrait	Pest
2002-20	PA DEP		Chris Lesser (302-422-1512)	Bell 206	Mosquito
2002-14	PA DEP		Ben Russell/Doug Orr	Bell 206/205/204	Black Fly
2002-07			Harry Vitolins/Mark Warfel	Bell 206/205/204	Black Fly
	Burlington Co.(NJ) Mosq. Control		Chip Chappine(609-265-5064)	Bell 206	Mosquito
2002-07	*Include pares and toler		Steve Pavel(201-634-2880)	Bell 206	Mosquito
Cert	*Include name and telepholification	ne. Application w	ill be rejected if this infon	nation is not pro	ovided.
azards o	that as an applicator pilot I am solel ssance flight over each working are or obstructions to aircraft flight. I fisentation of information requested values I. Redding	a, mending associated wither certify that all sta will result in my prohib	turnaround areas, to identify ar	id locate all natural I understand that a current year's suppr	or man-man ny ession proje
ignature	of Pilot Applicant	02/6/23_ Date	Attested to by Employer	2/6	/23 Date
Revie	w- Vector Management Pro	iect Coordinator	For DEP Use Called		
ecificat	ents for an aerial application pilot as tions is as follows: Meets requirements	set forth in DEP's Ve	my determination of the applic ctor Management insect suppre	ssion program conf	ract
ecificat	ions is as follows:	set form in DEP's ve	ctor Management insect suppre	ant's compilance wassion program conf	ract
pecificat	tions is as follows:  Meets requirements	ated, see explanation be	ctor Management insect suppre	ssion program conf	tract
Revi	tions is as follows:  Meets requirements  Does not meet requirements. If rejective the second	ted, see explanation be Signature	elow.  - Vector Management Project (	Ssion program conf	tract
Revi	tions is as follows:  Meets requirements	ted, see explanation be Signature	elow.  - Vector Management Project (	Ssion program conf	tract
Revi	tions is as follows:  Meets requirements  Does not meet requirements. If rejective the second	cted, see explanation be  Signature-  Ivisor (For DEP U	elow.  - Vector Management Project (  Jse Only)  sion of the field project coordin	Coordinator Date	e
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Revi	tions is as follows: Meets requirements  Does not meet requirements. If rejective in the second in t	cted, see explanation be Signature -  Ivisor (For DEP Ugreement with the deci	elow.  - Vector Management Project (  Jse Only)  sion of the field project coordin  - Aircraft Operations Advisor	Coordinator Date	e
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Revihave rev	ions is as follows: Meets requirements Does not meet requirements. If reje  ew — Aircraft Operations Arriewed this information and am in a  planation of any previous ap  te, federal, or other program	sec form in DEP's verified, see explanation be Signature-livisor (For DEP U greement with the decimal section of the section o	elow.  - Vector Management Project ( Use Only) sion of the field project coordin  - Aircraft Operations Advisor  ations  ed, suspended, or revoke	Coordinator Date	e







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.

(Gut on dashed line)

Fold Here



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

BRIAN Joseph REDDING

Dear Airman:

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

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

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

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

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

Credit Information Acquired Required 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-Aprilar	0	20	20	Due 12/31/2025

NOT TRANSFERABLE **AUTHORIZED REPRESENTATIVE** 

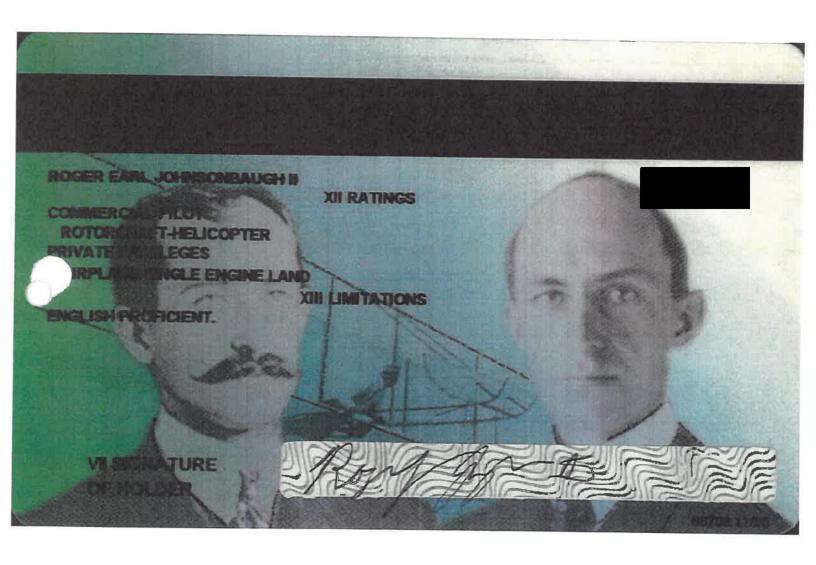
### **Pilot Information Form**

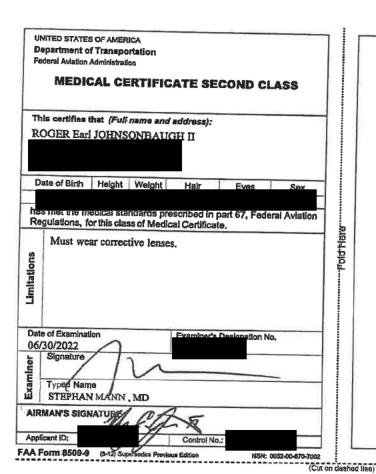
1. Personal Inform	nation	ı						
a. Name (Last, first, middle	initial)		b. 1	Home telephone				
							Type or print al	l information in ink.
c. riome address			d. (	City, State and Zi	n Code		Complete resum	e below. Return
							completed and s	igned form to Vector
							Management Pr	oject Coordinator. See
		(0			<del></del> :		address.	cations for name and
2. Emergency Con	44					<del></del>		
a. Name	tact	_	h Adden	on City State 17	0.1	95		
			b. Addre	ss, City, State, Zit	Code		c Telephone	d Defette settip
3 E.MDIOVOP INTON	motio							
a. Name of employer	matio	u	h Adden	ss, City, State, Zip	0.1		9	
			U. Addres	ss, City, State, Zip	Code		c. Is employe	r: actor_X Subcontractor
Helicopter Applicators, Inc. d. Is employment:		- 72 - 1	1670 Yorl	k Road, Gettysbur	g, PA 17325			actor_x Subcontractor
d. is employment:		e. Empl	oyer's W	epartment of Agr	iculture's pestici	de application busines	s license number:	
Full-time X Full Time								0562
4. Airman Certific	ata Tn	form	otion					
a. Type:		ificate r		c. Current instrur	nent rating?	d Treno national (in also	do harres A 101 4	
					- 1	<ul> <li>d. Type ratings (include ratings):</li> </ul>	te heavy A/C type	e. FAR Part 137 qualified?
COMM_X_ ATP	347181	11		Yes No _>	<u> </u>			YesX No
						ASEL, Comm. Rotorca	raft_Helicopter	
<ol><li>Medical Informa</li></ol>	ation							
a. Classification:		b. Date	of current	medical certificate	c. Limitat	ions:		
( )			_					
6. Experience/Train	ning/F	rofic	iency					
a. Flight Experience as Pilot-I	n-Comm	and (Ho	nts)	Total	Past 12 Months	b. Has any previou	is approval been den	ied, suspended, or revoked
All aircraft (1,000 hours req	usian d\				Months	in Pennsylvania or	on any state, federal	, or other program?
An ancian (1,000 hours req	(uirea)			11600	587	Yes (explain	on reverse) No	x
Night (10 hours required)				75	0	c. List any related	schools or training s	essions attended within the
Type (rotary or fixed-wing)	to be flor	wn on co	ntract (500	13	-	last three years (if )	none, check here	<b>→</b> .
hours required)				11145	587	Bell Ground Schoo	l and Flight:	
Weight class (category) to b hours required)	e flown o	n contra	ct (100	11145	202	Feb. 2002, 2003,20	08,2009,2010,2011,	2018
Make, model, and series to b	ne floren	on contr	201 (20 hour	11145	587	NEAAA Conference	ce 2009-2011, 2017,	2018,2019,2020,2022,2023
required)	JC JJOYYII I	OII COIIU	act (20 nout	5760	587	Harrisburg, PA PAAAS Safety Pro		
Pesticide application in terra	in typica	l of cont	ract area (50	)		PAAAS Salety Pro	gram	
hours required)				4368	587	MDHC Recurrent (	Ground/Flight) - 20	12, 2014, 2015
Takeoffs/landings at altitude loads similar to an average s	pray load	i (20 rea	t area with uired)	10000+	2000+			
Number of seasons of aerial	spraying	over ter	rain typical			d. Have you had an	ny aircraft accidents	within the past three years?
of contract areas (2 required	)			19		Yes (explain	on reverse) No?	<u> </u>
<ul> <li>e. Are you proficient in reading and other scale topographic ma</li> </ul>	g and nav ms?	rigating '	with 7.5 mir	iute quadrangle	f. Are	you proficient in the	ise and operation of	the aircraft's electronic
The Party of the P					HAIC	king and guidance sys		esNo) es_XNo)
Yes X No					o Mus	nher of hours flown w		

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

Year	- Ingenty/12	ocation	Contact Person*	Aircraft	Pest
2002	MD Dept. of Ag		Bob Tichenor(410-841-5922)	Bell 206	
2011, 2016-	PA DEP			Bell 206	Gypsy Moth
2019 2020			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
2008	MD DNR Forest Service		George Eberling 301-791-4733	OH58	Vegetation Gypsy Moth
2008	Summit Helicopter Arkansas Herbic		Carl Milko 540-992-5500	OH58	Forestry Herbicide
<b>~</b>	*Include name and telep	phone. Application	n will be rejected if this inform	nation is not pr	ovided.
	ucation		he safe operation of my aircraft. Thi	_	
nazards (	or obstructions to aircraft flight. sentation of information request	area, including associated further certify that a sed will result in my pr	ated turnaround areas, to identify and all statements made herein are true. It is shifted in the control of the	d locate all natura	l or man-ma
Koge	er E. Johnsonbaughe of Pilot Applicant	02/02/2023	Kirk A. Martin	2-//Lt 02/	02/2023
'ignami'	of Fuor Applicant	Date	Attested to by Employer		Date
Revie	ew- Vector Management l	Project Coordings	tor (For DEP Use Only)		
	Meets requirements Does not meet requirements. If 1	rejected, see explanati	on below.	14	
. Revi	Does not meet requirements. If n	Signates Advisor (For DE	ture – Vector Management Project C		te
. Revi	Does not meet requirements. If n	Signates Advisor (For DE	ture – Vector Management Project C		ite
. Revi	Does not meet requirements. If n	Signates Advisor (For DE in agreement with the	ture – Vector Management Project C		
). Revi	Does not meet requirements. If notes it is not meet requirements. If not meet requirements.	Signate  Signate  Advisor (For DE  in agreement with the  Signate  Exp	ture – Vector Management Project C  EP Use Only) decision of the field project coordin  ture – Aircraft Operations Advisor  lanations	ator.	te
have re	Does not meet requirements. If notes it is not meet requirements. If not meet requirements.	Signate  Signate  Advisor (For DE in agreement with the Signate Experience of the Signate Experience Office Experience of the Signate Experience of	ture – Vector Management Project C  CP Use Only) decision of the field project coordin  ture – Aircraft Operations Advisor	ator.	te
have re	iew — Aircraft Operations viewed this information and am	Signate  Signate  Advisor (For DE in agreement with the Signate Experience of the Signate Experience Office Experience of the Signate Experience of	ture – Vector Management Project C  EP Use Only) decision of the field project coordin  ture – Aircraft Operations Advisor  lanations	ator.	te
have re	iew — Aircraft Operations viewed this information and am	Signate  Signate  Advisor (For DE in agreement with the Signate Experience of the Signate Experience Office Experience of the Signate Experience of	ture – Vector Management Project C  EP Use Only) decision of the field project coordin  ture – Aircraft Operations Advisor  lanations	ator.	te
b. Expany sta	iew — Aircraft Operations viewed this information and am planation of any previous te, federal, or other progr	Signate Advisor (For DE in agreement with the Signate Exp. approval being dam.	ture – Vector Management Project C  EP Use Only) decision of the field project coordin  ture – Aircraft Operations Advisor  lanations	ator.	te
b. Expany sta	iew — Aircraft Operations viewed this information and am planation of any previous te, federal, or other progr	Signate Advisor (For DE in agreement with the Signate Exp. approval being dam.	ture – Vector Management Project C  CP Use Only)  decision of the field project coordin  ture – Aircraft Operations Advisor  lanations  lenied, suspended, or revoke	ator.	te
b. Expany sta	iew — Aircraft Operations viewed this information and am planation of any previous te, federal, or other progr	Signate Advisor (For DE in agreement with the Signate Exp. approval being dam.	ture – Vector Management Project C  CP Use Only)  decision of the field project coordin  ture – Aircraft Operations Advisor  lanations  lenied, suspended, or revoke	ator.	te







CONDITIONS OF ISSUE

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The state of the s

- 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

ROGER Earl JOHNSONBAUGH II

Dear Airman:

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

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

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

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

Visit https://wvplants.wvda.us for pesticide exam and recertification meeting locations and to review your business information. (Your Plants ID: ØØ199F 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
13DA Squito 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** 

The state of the s	VEST VIRGINIA
	OF AGRICULTURE
LICENSED PESTICIDE A	PPLICATION BUSINESS
Issued to: Helicopter Applicators, Inc. 1670 York Road Gettysburg PA 17325	Categories of Operation:  1 Agricultural Plant Pest 3 - Forest Pest Control 7 - Right-of-Way/Industrial Weed
Qualifying Individual: Glenn A. Martin	13D - Mosquito Control 13E - Black Fly Control A 14- Aerial : N
	E A A B
License No: Plants ID: Date Issued: 12/28/2022	Commissioner of Agriculture
Expiration Date: 12/31/2023	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

MAKE/MODEL	FAA REG.#	SPRAY SYSTEM	TANK CAPACITY
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

	Applicators, I	nc.	b. Te	lephone 717	7-337-1370			
				- P	, 557 1570		Type or prin	nt all information in ink
c. Address			d Cit	y, State, and 2	Tim Co. In		Return com	pleted and signed form t
1670 York Road			Gettys	burg, PA 173	25		the Vector N	Aanagement Project
e Contractorle PA Denor	tmant of A!						Coordinator	. See Contract
e. Contractor's PA Depar				isiness license	number: BU2	911	Specification address.	is for the name and
WY Business	License	. No. O	562				aduress.	
. Aircraft Own	er Inforn	nation						
a. Aircraft is (check one):		awiiou						
Oursel V								
Owned X subcont  Owner's Name	racted	c. Address		roject contrac				
		c. Address	Same as above	/e	d. City, State,	and Zip Code	Same as above	e. Telephone 717-337-
Helicopter Applicators, In	c.				1			1370
Aircraft Desci	ription ar	ıd Inforn	aation					
<ul> <li>Type of aircraft (check</li> </ul>	one):						b. Qualified	under:
Spray fixed-wing	Spray helic	copter X	Observation fi	and adec	Obs	-tt - 557 .		
c. Aircraft:	diray non	A TOPICI A	Coservation in	d. No	Observation h	e. FAA Numbe	FAR Part 13	
Malan Dall				3, 1,0	, or originos.	o. XIIXIIIIID	i. Icai bu	ilt: g. Passenger capacity:
Make _Bell	Model _OH-		esC		_1	N637H		3
i. Registration certification	on 1. A	irworthiness o	ertification	j. Cruising s	peed:	k. Hours o	f fuel: 1. Tim	e since 100-hour inspection:
Yes X No	Yes	X	No	MPH 100	Knots	2	Annus	l Inspection Due: 02/25/24
m. Major modifications:	None						7234100	i Inspection Due. 02/23/24
A 4 C								
Airframe  Hours since new:	h 77-16							
4942.0	b. Used for	acrobatics:	c. Parking b	rakes;	d. Paint schem	e: Green/Copp	per	
	Yes	No X	Yes N	To X				
	1 62		7 00					
	i es		1 200					
Engines	res		1 200 1					
	165		1,000		wer: 420	c. Tune fiel	Tet A	d Superaharas
. Make and model:	ics		1	b. Horsepov	wer: 420	c. Type fuel :	Jet A	d. Supercharger:
. Make and model: Allison 250-C20C	165			b. Horsepo				Yes No X
. Make and model: Allison 250-C20C	165		f. Hours since	b. Horsepo			Jet A	Yes No X
Make and model: Allison 250-C20C . Hours since new:	Engine 2		f. Hours since	b. Horsepov			ırs before next m	Yes No X
Make and model: Allison 250-C20C Hours since new:			f. Hours since	b. Horsepov	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Make and model:  Allison 250-C20C  Hours since new:  Engine 1 6743.7		v	f. Hours since	b. Horsepov	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Allison 250-C20C Hours since new: Engine 1 6743.7  Propellers			f. Hours since	b. Horsepov	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Allison 250-C20C Hours since new: Engine 1 6743.7  Propellers Hours since overhaul;		2	f. Hours since Engine 1 1:	b. Horsepov	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Propellers Hours since new:	Engine 2	2	f. Hours since Engine 1 1:	b. Horsepov	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Make and model:  Allison 250-C20C Hours since new:  Engine 1 6743.7  Propellers Hours since overhaul:	Engine 2	/A N	f. Hours since Engine 1 1:	b. Horsepov	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Make and model:  Allison 250-C20C Hours since new:  Ingine 1 6743.7  Propellers Hours since overhaul:  Helicopter Con	Engine 2	/A N	f. Hours since Engine 1 1:	b. Horsepov	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Make and model:  Allison 250-C20C Hours since new:  Ingine 1 6743.7  Propellers Hours since overhaul:  Helicopter Con	Engine 2	/A N	f. Hours since Engine 1 1:	b. Horsepor	ni:	g. Hou	ırs before next m	Yes No X najor overhaul:
Make and model:  Allison 250-C20C Hours since new:  Engine 1 6743.7  Propellers Hours since overhaul:  Helicopter Con Hours since new:	Engine 2 Number 1N	/A N	f. Hours since Engine 1 1: umber 2	b. Horsepor	ni: Engine 2	g. Hou Engine	ars before next m	Yes No X ajor overhaul: Engine 2
Make and model:  Allison 250-C20C Hours since new:  Ingine 1 6743.7  Propellers Hours since overhaul:  Helicopter Con Hours since new:  Iain rotor 510.8	Engine 2  Number 1N  mponents  Tail rotor 2	/A N	f. Hours since Engine 1 1:	b. Horsepor	ul: Engine 2  Hours since over	g. Hou Engine erhaul:	ars before next m e 1 O/C	Yes No X ajor overhaul: Engine 2 ansmission 959.1
Allison 250-C20C . Hours since new: Engine 1 6743.7  Propellers . Hours since overhaul:  Helicopter Con . Hours since new:  Main rotor 510.8  Hours before next overh	Engine 2  Number 1N  mponents  Tail rotor 2  aul:	/A N	f. Hours since Engine 1 1: umber 2	b. Horsepor	ni: Engine 2	g. Hou Engine	ars before next m e 1 O/C	Yes No X ajor overhaul: Engine 2

O T					1					
8. Instruments a. Fuel quantity:	1 5. "									
	b. Stall w	/arning:	c. Airspeed:		d. Clock:		e. Co	ompass:	f.	Turn and bank
Yes X No	Yes	No X	Yes X			No	Yes	X No	\ \v	es X No
g. Directional gyro:	h. Artific	ial horizon:	i. Altimeter:		j. Rate of clin	nb indicator:	: 1	210		C3 A 110
Yes No X	Yes X	No	Yes X N	0	Yes X	No				
9. Condition										
a. Glass:		b. Fabric:			c. Tires: N/A					
O1 77 - 77 -	_	J. Tablio.			c. Tires: N/A	Α.		d. P	aint:	
Good X Fair e, Seat belts:	Poor	f. Shoulder I		001		air F	oor		d X Fa	ir Poor
		1. Shoulder	iamess:		g. Cabin:			h. C	Cockpit:	
Good X Fair	Poor	Good X	Fair P	oor	Good X	Fair I	Poor	Goo	d X Fair	Poor
10. Emergency E	aninmer	si ht								
a. First aid kit:		. Engine fire exti	nguisher:	c Ca	bin fire extinguish	er: 1				
V V				0. 04	out the extinguish	cr,				
Yes X No	Y	es N	0 X	Yes	X No					
11. Electrical Sys	tem									
a. Volts 28		Auxiliary Powe	er Unit:	c. H/T	battery:		d. Am	meter:		
	- 1	-		i		1	u. Alli	meter.		
	Ye	es No	X	Yes	X No		Yes X	N	[о	
12. Lights										
a. Rotating beacon:	b. Landing	: 1	c. Cockpit		d. Navigation:		e Othe	r (specify):		
Yes X No	Yes X		Yes X N	Ĭo.	Yes X No	10	o. Onio	i (Specify).		
					103 /2 110					
3. Radios and G	uidance ]	Equipmen	t							
a. VHF system installed a			M radio instal	led as spec	ified:	c. Sele	ctor sw	itch for sime	o-monitoring	of VHF and FA
Yes X	No	1	V., V	37.						O. 1111 MILIT
d. Loran-C guidance syste	m installed:	e. (	Yes X PS guidance s		alled:	f. ETG		X etalled:	No	
¥/ >1- ¥										
Yes No _X			Ycs _X_	_ No		Yes X		lake/Model / Guia		
4. Spray System										
a. STCs or 337s for all co	mponents:	b. Total tank ca	apacity: c. E	mergency	dump system:	d. Operatir	ng load	capacity:	e. Spray	system make:
Yes X No		130	gallons Ye	es X	No	100	,	callone		
f. Nozzles:				03 X	140	100		gallons Electronic f	Simplex flow-meterin	g system:
-If Hydraulic: Ty	pe	Siz	ze					s_X		5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
-If Rotary atomizer: Ma	ke	M	odel				Ma	ake/Model	Crophawk	1
E Dilata Anthoni		(C. T								
5. Pilots Authoriz				ιτ:				1 = -		
Name		Total Flight Hours	Spec	ial Qual	ifications	Rati	ing		Medical	FAA Lice
		LLUUIS					_	L	Date	Numbe
			-							

SEE PILOT SHEETS

5. Pilots Authorized to Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA License
				Date	Number
					1
Certification				12	
rtify that the information of	contained herein is	accurate			
	Ac Mo				
Kirk Martin Signature – Contractor	NC IIN		er	02/08/	23
Signature - Contractor		Title		Da	ite
Review - Vector Man	agement Proje	ct Coordinator (For DEP	Use Only)		
ve reviewed the informatio	n provided. Based	upon that review, my determina	ation of the airca	aft's compliance w	ith the
noments for allerant as set	torm in DEP's Ve	ctor Management insect suppres	sion program co	entract specification	is is as follows
Meets requirements;					
_					
_ Does not meet require	ments. If rejected,	see explanation below.			
		Signature - Vector Man	agement Project	Coordinator	Date
		347			Duto
Review - Aircraft On	erations Advis	or (For DEP Use Only)			
ave reviewed this information	on and am in agree	ment with the decision of the Ve	ector Monagama	nt Drainat Coardin	-4
The state of the s	on who aim in agree	ment with the decision of the ve	ctor Manageme	ant Project Coordin	ator.
		Signature – Aircraft Op-	erations Advisor	T Da	te
Reasons for Rejection	(For DEP Use	Only)			
	•				

a. Name Helicopter	Applicators, Inc.	formation	elenhone 717	227 1270					
	Ppinamono, IIIO,	0. 1	elephone 717	×357-1570			Cuma cu		
c. Address							ype or pr	int all infor	mation in ink signed form
1670 York Road		d. C	ity, State, and Z ysburg, PA 1732	ip Code		t	he Vector	Manageme	signed form : nt Project
		- 22					Coordinato	r. See Con	tract
e. Contractor's PA Depar	tment of Agriculture pest	ticide application	business license	number: BU	2911			ns for the r	name and
WV BUSINESS	License No. (	2562				а	ddress.		
						1			
2. Aircraft Own	er Information								
a. Aircraft is (check one):	CI IIIIOI MIANON								
b. Owner's Name	racted , or leased c. Addre		project contrac						
		ess Same as ab	ove	d. City, State	, and Zip (	Code Sar	ne as above		one 717-337-
Helicopter Applicators, In	c.							1370	
. Aircraft Descr	ription and Info	rmation							
a. Type of aircraft (check	one):						b. Qualifie	d under:	
Spray fixed-wing	Spray helicopter X	01	<b>*</b> 1				•		
c. Aircraft:	Spray nencepter X	Observation		Observation of engines:	e. FAA		FAR Part		R Part 137 X
			d. No.	. Of eligines:	e. FAA	Number:	f. Year b	uilt: g. Pas	ssenger capacity:
Make_Bell		SeriesA+		_1	N65	ЗНА	1971_	_   _	3
h. Registration certification	on i. Airworthine	ss certification	j. Cruising sp	need:	k. H	ours of fu	el: 1. Tir		hour inspection:
Yes X No	Yes X	No	MPH 100	Knots		2	Annu	_0	Due: 03/30/24
m. Major modifications:									
iii. 141ajor filodifications,	None		100			4	Zillitu	ai inspection	1 10 110; 03/30/24
m. major modifications.	None		2702.22			4	Ainto	ai inspection	1 Due: 03/30/24
m. major mounteations.	None					4	Ainti	ил ипѕрестог	1 Due: 03/30/24
	None						Aim	ai inspection	1 Due: 03/30/24
. Airframe							Annu	ат твреспот	1 Due: 05/30/24
. Airframe	b. Used for acrobatics	: o. Parking		d. Paint scher	ne: Grey	/Blue/Rec		ai inspection	1 Due: 05/30/24
. Airframe	b. Used for acrobatics		brakes:		ne: Grey			ai inspection	1 Due: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
. Airframe	b. Used for acrobatics				ne: Grey			al Anspection	1 Due: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
. Airframe a. Hours since new: 3967.3	b. Used for acrobatics		brakes:		ne: Grey			ai Anspection	TDue: \(\sistax\)
Airframe a. Hours since new: 8967.3  Engines	b. Used for acrobatics		brakes: No X	d. Paint scher		/Blue/Rec	ı		
. Airframe a. Hours since new: 3967.3 . Engines	b. Used for acrobatics		brakes:	d. Paint scher	ne: Grey	/Blue/Rec		d. Supercl	
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B	b. Used for acrobatics		brakes: No X	d. Paint scher		/Blue/Rec	ı		harger:
Airframe  a. Hours since new: 3967.3  Engines  a. Make and model: Allison 250-C20B	b. Used for acrobatics	Yes	brakes: No X	d. Paint schen	с. Тур	/Blue/Rec	i Jet A	d. Superci	harger:
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B b. Hours since new:	b. Used for acrobatics Yes No X	Yes  f. Hours since	brakes:  No X  b. Horsepoverhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B e. Hours since new:	b. Used for acrobatics	Yes  f. Hours since	brakes:  No X  b. Horsepov  e major overhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A	d. Supercl	harger: No_X
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B e. Hours since new: Engine 1 7074.7	b. Used for acrobatics Yes No X	Yes  f. Hours since	brakes:  No X  b. Horsepoverhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe  a. Hours since new: 1967.3  Engines a. Make and model: Allison 250-C20B b. Hours since new: Engine 1 7074.7  Propellers	b. Used for acrobatics Yes No X	Yes  f. Hours since	brakes:  No X  b. Horsepoverhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe a. Hours since new: 8967.3  Engines a. Make and model: Allison 250-C20B b. Hours since new: Engine 1 7074.7  Propellers b. Hours since overhaul:	b. Used for acrobatics Yes No X  Engine 2	f. Hours since	brakes:  No X  b. Horsepoverhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B b. Hours since new: Engine 1 7074.7  Propellers b. Hours since overhaul:	b. Used for acrobatics Yes No X	f. Hours since	brakes:  No X  b. Horsepoverhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B b. Hours since new: Engine 1 7074.7  Propellers b. Hours since overhaul:	b. Used for acrobatics Yes No X  Engine 2	f. Hours since	brakes:  No X  b. Horsepoverhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B b. Hours since new: Engine 1 7074.7  Propellers L Hours since overhaul:	b. Used for acrobatics Yes No X  Engine 2	f. Hours since	brakes:  No X  b. Horsepoverhau	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe  a. Hours since new: 3967.3  Engines  a. Make and model: Allison 250-C20B  b. Hours since new: Engine 1 7074.7  Propellers  b. Hours since overhaul:  Helicopter Con	b. Used for acrobatics Yes No X  Engine 2	f. Hours since	brakes:  No X  b. Horsepov e major overhau 2241.9	d. Paint scher wer. 420	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe  a. Hours since new: 3967.3  Engines  a. Make and model: Allison 250-C20B  b. Hours since new: Engine 1 7074.7  Propellers  Hours since overhaul:	b. Used for acrobatics Yes No X  Engine 2  Number 1N/A	f. Hours since	brakes:  No X  b. Horsepov e major overhau 2241.9	d. Paint schen	с. Тур	/Blue/Rec	i Jet A before next i	d. Supercl Yes najor overhau	harger: No_X
Airframe  a. Hours since new: 1967.3  Engines  a. Make and model: Allison 250-C20B  c. Hours since new: Engine 1 7074.7  Propellers  Hours since overhaul:  Helicopter Con  Hours since new: Main rotor 808.7	b. Used for acrobatics Yes No X  Engine 2  Number 1N/A  mponents  Tail rotor1584.5	f. Hours since	brakes: No X  b. Horsepov e major overhau 2241.9  b. 87.0  M	d. Paint scher	c. Typ	/Blue/Rec	Jet A before next i	d. Supercl Yes najor overhau	harger: No X
Airframe a. Hours since new: 8967.3  Engines a. Make and model: Allison 250-C20B e. Hours since new: Engine 1 7074.7  Propellers a. Hours since overhaul:	b. Used for acrobatics Yes No X  Engine 2  Number 1N/A  mponents  Tail rotor1584.5	f. Hours since Engine 1	brakes: No X  b. Horsepov e major overhau 2241.9  b. 87.0  M	d. Paint scher	c. Typ	/Blue/Rec	Jet A before next i	d. Supercl Yes najor overhau Engine 2	harger: No X
Airframe a. Hours since new: 3967.3  Engines a. Make and model: Allison 250-C20B e. Hours since new: Engine 1 7074.7  Propellers a. Hours since overhaul: Helicopter Con b. Hours since new: Main rotor 808.7	b. Used for acrobatics Yes No X  Engine 2  Number 1 _ N/A  mponents  Tail rotor _ 1584.5 aul;	f. Hours since Engine 1  Number 2  Transmission 68	brakes:  No X  b. Horsepov e major overhau 2241.9  b. 37.0  d.	d. Paint scher	c. Typ	/Blue/Rec	Jet A before next i	d. Supercl Yes najor overhau Engine 2	harger:  No X  al:

FAA Medica Date	Number
77 A A 78 A - 20	al FAA License
ake/Model Cropha	wk /
s_X	mag system.
gallons Simple Electronic flow-met	
	ray system make:
lake/Model / Guia	
X No_	
tch for simo-monitor	ring of VHF and FM:
r (specify):	
INO	
No	
meter:	
Good X	Fair Poor
h. Cockpit:	
Good X	Fair Poor
d. Paint:	
	103 A 100
X No	Yes X No
ompass:	f. Turn and bank:
ompass:	

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

	to Fly Described Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License Number
C-4:6-4:					
Certification					
ertify that the information		1 1			
Kirk Martin	Lal	Secretary/Treasurer		02/07	1/23
Signature - Contracto	or	Title		Da	
Review - Vector M	anagement Proje	ect Coordinator (For DEP	Use Only)		
ave reviewed the informa	ation provided. Based	upon that review my determina	tion of the airca	aft's compliance w	ith the
urrements for aircraft as	set forth in DEP's Ve	ctor Management insect suppres	sion program co	entract specification	is is as follows
_ Meets requirement	s:				
_					
Does not meet requ	irements. If rejected	, see explanation below.			
		Signature - Vector Man	agement Project	Coordinator	Date
		Signature - Vector Man	agement Project	Coordinator	Date
Review – Aircraft (	Inerations Advis		agement Project	Coordinator	Date
Review – Aircraft (	Operations Advis	or (For DEP Use Only)			
Review – Aircraft (	Operations Advis				
Review – Aircraft (	Operations Advis	or (For DEP Use Only) ment with the decision of the Ve	ctor Manageme	nt Project Coordina	ator.
Review – Aircraft (	Operations Advis	or (For DEP Use Only)	ctor Manageme	nt Project Coordina	ator.
have reviewed this inform	ation and am in agree	or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
nave reviewed this inform	ation and am in agree	or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
ave reviewed this inform	ation and am in agree	or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
ave reviewed this inform	ation and am in agree	or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
Review – Aircraft (nave reviewed this inform	ation and am in agree	or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
nave reviewed this inform	ation and am in agree	or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.

C. Address C. Contractor's PA Department of Agriculture positiolide application butiness license number: C. Address C. Contractor's PA Department of Agriculture positiolide application butiness license number: C. Address C. Contractor's PA Department of Agriculture positiolide application butiness license number: C. Address C. Aircraft Owner Information C. Aircraft Owner Information C. Aircraft Owner Information C. Aircraft Owner Information C. Aircraft Description and Information C. Aircraft Description Address C. Parking property C. Aircraft Description Address C. Parking property C. Aircraft C. Air	a. Name Helicopter	Applicators, In	tor Info		alanhona	717-337-1370					
C. Address   d. City, State, and Zip Code   Gettysburg, PA 17325   Contractor's PA Department of Agriculture pesticide application business license number: BU3911   WY SAMESS License No. OS62    2. Aircraft Owner Information  a. Aircraft Owner Information  a. Aircraft Description and Information  a. Aircraft Description and Information  a. Type of aircraft (where Applications, Inc.)  3. Aircraft Description and Information  a. Type of aircraft (where Applications, Inc.)  3. Aircraft Description and Information  a. Type of aircraft (where Applications, Inc.)  3. Aircraft Description and Information  a. Type of aircraft (where Applications, Inc.)  3. Aircraft Description and Information  a. Type of aircraft (where Applications, Inc.)  3. Aircraft Description and Information  a. Type of aircraft (where Applications, Inc.)  3. Aircraft Description and Information  a. Type of aircraft (where Applications, Inc.)  4. No. of enginess:  a. PAA Number:  b. Qualified under.  FAR Part 135  FAR Part 137  A. No. of enginess:  a. PAA Number:  b. Pouservation heliconter  FAR Part 135  FAR Part 137  A Total Type of aircraft (where Applications)  c. Aircraft  A No. of enginess:  a. PAA Number:  b. Pouservation heliconter  FAR Part 135  FAR Part 137  A Total Type of aircraft (where Applications)  A Type of aircraft (where Applications)  A Return completed and signed form the Vector Management Project Coordinator. See Contractor Specific Coordinator. See Contractor Specific Coordinator. See Contractor Samples and Address.  b. Qualified under.  FAR Part 135  FAR Part 137  A Total Type fuel Under Part Part Part Part Part Part Part Par			-	0. 1	orchitotie	(1/-35/-15/0		1	Tyne or neiv	it all infame	tion in t
Contractory PA Department of Agriculture porticide application business license number: BUZ911  Specifications for the name and address.  Address  Aircraft Owner Information  Aircraft Owner Information  Aircraft Description and Information  Aircraft Description and Information  Type of aircraft (check one):  Spray Bred-wing: Observation fixed-wing: Observation helicopter PAR Part 137 X				d. C Getty	ity, State, a	nd Zip Code 17325	_	T t	Return com) he Vector N	pleted and sig Ianagement ]	gned forn Project
2. Aircraft Owner Information  a. Aircraft is (check one):  Cowned X _ subcontracted _ or leased _ by the surey project contractor _ b. Owner's Name _ c. Address _ Same as above _ d. City, State, and Zip Code _ Same as above _ l. Telephone 717-337-1370  3. Aircraft Description and Information _ a. Type of aircraft (check one):  Spray Exed-wing _ Spray helicopter X _ Observation fixed-wing _ Observation helicopter _ FAR Part 135 _ FAR Part 137 X _ c. Aircraft _ Spray Red-wing _ Spray helicopter X _ Observation fixed-wing _ Observation helicopter _ FAR Part 135 _ FAR Part 137 X _ c. Aircraft _ Spray Red-wing _ Spray helicopter X _ Observation fixed-wing _ Observation helicopter _ FAR Part 135 _ FAR Part 137 X _ c. Aircraft _ Spray Exed-wing _ Spray helicopter X _ Observation fixed-wing _ Observation helicopter _ FAR Part 135 _ FAR Part 137 X _ c. Aircraft _ Spray Exed-wing _ Spray helicopter X _ Observation fixed-wing _ Observation helicopter _ FAR Part 135 _ FAR Part 137 X _ c. Aircraft _ Spray Red-wing _ Spray helicopter X _ Observation fixed-wing _ Observation helicopter _ FAR Part 135 _ FAR Part 137 X _ C. Aircraft _ Observation helicopter _ Observati	e. Contractor's PA Depar	rtment of Agricu	ilture nestici	de application h	uninga lia	DY1	0011		Coordinator	. See Contra	ct
2. Aircraft Owner Information a. Aircraft (check one):  Owned X subcontracted or leased by the sursy project contractor b. Owner's Name a. Address Same as above d. City, State, and Zip Code Same as above e. Telephone 717-337-1870  Elicity of aircraft Description and Information a. Type of aircraft (check one):  Syray Rized-wine Spray helicopter X Observation fixed-wine Observation helicopter PAR Part 137 X c. Aircraft  Make Bell Model OH-58 Series A+ 1 N65SFRA 1970 3. Registration certification i. Airworthiness certification j. Cruising speed: k. Hours of fasel: l. Time since 100-hour inspection Major modifications: None  Airframe a. Hours aince new:  B. Hours aince new:  Engine 2  Engine 2  Engine 2  B. Hours since overhaul:  Engine 2  Engine 1 1986.1. Benine 2  Engine 2  Engine 2  B. Hours since overhaul:  Hours since overhaul:  Main rotor 355.7 Tail rotor 499.8 Transmission 797.5  Main rotor 555.7 Tail rotor 499.8 Transmission 797.5  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Main rotor 555.7 Tail rotor 499.8 Transmission 797.5  Main rotor 566.3 Tail rotor 1900.2 Transmission 1602.5  Ves X No Yes					odsiness no	nse number: BU	2911			is for the han	ne and
a. Aircraft (a (check one):  Owned X _ subcontracted _ Or leased _ by the sursy project contractor Address Same as above	AAA FRANKEZ	LICENSE	100.	0265	_						
a. Aircraft is (check one):  Owned X _ subcontracted _ or leased _ by the syray project contractor _	Aircraft Own	on Inform	.4								
Owner's Name  C. Address  Same as above  d. City, State, and Zip Code  Same as above  e. Telephone 717-337-170  1270  Aircraft Description and Information  a. Type of aircraft (check one):  Spray fixed-wing:  Spray fixed-wing:  Spray helicopter X  Observation fixed-wing:  A. Aircraft:  A. No. of engines:  A. FAR Part 137 X  A. Aircraft:  A. No. of engines:  A. Hours of fixel:  A. Hours of fixel:  A. Hours of fixel:  A Hours since new:  Airframe  Airframe  B. Used for acrobatics:  O. Parking brakes:  Airs No. X  Yes No. X  Anison 250-C20B  C. Hours since new:  B. Hours since overhaul:  Samine 1 10861.1  Engine 2  Begine 1  D. Hours since overhaul:  Samine 1 10861.1  Begine 2  Begine 1  D. Hours since overhaul:  Samine 1 10861.1  Begine 2  Begine 1  D. Hours since overhaul:  Samine new:  Ail Hours since overhaul:  Samine 1 10861.1  Ail Transmission 797.5  Main rotor 355.7  Tail rotor 499.8  Transmission 1602.5  Tail rotor 499.8  Transmission 1797.5  Tail rotor 499.8  Transmission 1797.5  Tail rotor 499.8  Transmission 1602.5  Tail rotor 664.3  Tail rotor 664.3  Tail rotor 1902.2  Transmission 1602.5  Tail rotor 664.3  Tail rotor 664.3  Tail rotor 1902.2  Transmission 1602.5  Tail rotor 664.3  Tail rotor 664.3  Tail rotor 1902.2  Transmission 1602.5  Tail rotor 664.3	a. Aircraft is (check one)	er miorm	ацоп								
b. Owner's Name  C. Address Same as above  d. City, State, and Zip Code Same as above  e. Telephone 717-337-1370  Aircraft Description and Information  a. Type of aircraft (check one):  Spray fixed-wing: O. Aircraft  d. No. of engines: O. FAA Number:  J. Time since 100-hour inspection  Annual Inspection Due: 03/30/2  D. Aircraft  d. No. of engines: O. Aircraft  d. No. of engines: O. FAA Number: O. Aircraft  A. Hours since new: O. Aircraft  d. Paint scheme: Grey/Blue/Red  d. Supercharger: Yes No X  Engine 1 O/C Engine 2  Propellers  Helicopter Components  Helicopter Components  Helicopter Components  Hours since overhaul: Main rotor 335.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  d. Drop stops: O. Kellours since overh											
Helicopter Applicators, Inc.  Aircraft Description and Information  a. Type of aircraft (check one):  Spray fixed-wing:  Spray helicopter X Observation fixed-wing:  Observation helicopter FAR Part 135 FAR Part 137 X  A. No. of engines:  A. No. of engines:  A. No. of engines:  A. No. of engines:  A. Hours of fuel:  Aurorthiness certification  Yes X No MPH 100 Knots  Annual Inspection Due: 03/30/2  Annual Inspect		tracted , o					and 7	:- C C-			
a. Type of aircraft (check one):  Spray fixed-wing: Spray helicopter: X: Observation fixed-wing: Observation helicopter: FAR Part 135 FAR Part 137 X.  d. No. of engines: e. RAA Number: F. Year built: g. Passenger capacity  Make Bell: Model OH-58 Series A+ 1 N655HA 1970 3  h. Registration certification: i. Airworthiness certification: j. Cruising speed: k. Hours of fuel: l. Time since 100-hour inspection  Yes: X: No Yes: X: No MPH 100 Knots 2 Annual Inspection Due: 83/30/2  Major modifications: None  Airframe  h. Hours since new: b. Used for acrobatics: Ves: No X: Yes: No X  Engines  a. Make and model: Yes: No X: Yes: No X  Engine Sea: A. Hours since new: f. Hours since major overhaul: g. Hours before next major overhaul: Engine 1 10861.1 Engine 2  Engine 1 10861.1 Engine 2  Engine 1 797.5 Engine 2  B. Hours since overhaul: Sendine 1 Number 1 N/A Number 2 Sendine 1 O/C Engine 2  Helicopter Components  Helicopter Components  Helicopter Components  Adia rotor: \$35.7 Tail rotor 499.8 Transmission 797.5  Hours since new: 64.3 Tail rotor 1900.2 Transmission 1602.5 Yes: X: No Yes	Helicopter Applicators, In	ıc.		Same as acc	,,,,	d. City, State	, and Z	ap Code Sar	ne as above		717-337
Spray fixed-wing Spray helicopter X Observation fixed-wing: Observation helicopter FAR Part 135 FAR Part 137 X c. Aircraft:  d. No. of engines: c. FAA Number: f. Year built: g. Passenger capacity Make_Bell Model_OH-58 Series A+ 1 N655HA 1970 3  h. Registration certification i. Airworthiness certification yes X No Yes X No MPH 100 Knots 2 In Time since 100-hour inspection Own MPH 100 Knots 2 Annual Inspection Due: 03/36/2.  Airframe  Airframe  Hours since new: 1143.1 Yes No X Yes No X  Engines  Airframe  J. Hours since major overhaul: g. Hours before next major overhaul: Engine 1 10861.1 Engine 2 Engine 1 797.5 Engine 2 Engine 1 O/C Entire 2  Propellers  Hours since overhaul: Number 1 N/A Number 2 D. Hours since worthaul: Capacity of Size (A) Paint scheme: Size overhaul: Capacity overhaul: Capacity overhaul: Capacity overhaul: Capacity overhaul: Number 1 N/A Number 2 D. Hours since overhaul: Capacity overhaul: Ca	. Aircraft Desc.	ription and	d Inforn	nation					h Qualified	ınder	
c. Aircraft:  Make_Bell	Spray fixed-wing	Spray helico	Inter V	Observation (	See al main	01					
Make Bell Model OH-58 Series A+ 1 N655HA 1970 3 h. Registration cortification i. Airworthiness certification yes X No Yes X No MPH 100 Knots 2 Annual Inspection Due: 03/30/2  Airframe  Airframe  Hours since new: 1143.1 Yes No X Yes No X  Engines  Alkievand model: Alkievand model: Hours since new: 1143.1 Engine 2 Engine 1 797.5 Engine 2 Engine 1 O/C Engine 2  Propellers  Hours since overhaul: Number 1 N/A Number 2  Helicopter Components  Helicopter Components  Airmotor 535.7 Tail rotor 499.8 Transmission 797.5 Hours since new: 6 Rotor brakes: 4 Do No X Yes X No Yes		Bylay hence	pici_x	Observation )							
h. Registration certification  i. Airworthiness certification  yes x No Yes x No MPH 100 Knots  Annual Inspection Due: 03/30/2  MPH 100 Knots  Annual Inspection Due: 03/30/2  Annual Inspection Due: 04/20  Annual Inspection	Make Bell	Model OH-59	S Sami	ion 4±		,				g. Passen	ger capaci
Yes X No   Yes X No   MPH 100   Knots   2   Annual Inspection Due: 03/30/2.					i Cmisir	I					
Major modifications:  None  Airframe  Hours since new: 1143.1  Begines  Make and model: Hours since new: 1. Hours since new: 1. Hours since new: 1. Hours since new: 1. Make and model: Hours since new: 1. Hours since overhaul: 1. Hours since new: 1. Hours since new: 1. Hours since new: 1. Hours since overhaul: 1. Hours since overhaul: 1. Hours since new: 1. Hours since new: 1. Hours since overhaul: 1. Hours since new: 1. Hours since overhaul: 1. Hours since new: 1. Hours since new: 1. Hours since overhaul: 1. Hours since new: 1. Hours since new: 1. Hours since new: 1. Hours since overhaul: 1. Hours since new: 1. Hours since overhaul: 2. Hours since overhaul: 3. Hours since overhaul: 3. Hours since overhaul: 4. Hours since overhaul: 5. Hours since overhaul: 6. Hours since overhaul:					_		K		1	_0	_
Airframe  1. Hours since new: 1.143.1    Yes   No   X   Yes   No   X      Engines   Make and model:   Allison 250-C20B			_X	No	MPH 10	0 Knots		22	Annua	Inspection D	ae: 03/30/
h. Hours since new:   1143.1	-										
h. Hours since new:    D. Used for acrobatics:   C. Parking brakes:   Ves   No   X   Ves   No   X   Ves   No   X											
Propellers   Helicopter Components   Helicopter Comp											
Propellers  Helicopter Components  Helicopter Components  Helicopter Components  Helicopter Components  Helicopter Components  Hours since new:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5 Main rotor 535.7 Tail rotor 499.8 Transmission 797.5 Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes No X  Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes X No Yes No X		b. Used for a	crobatics:	c. Parking t	rakes:	d. Paint schen	ne; C	rey/Blue/Red	1		
A. Make and model:  Allison 250-C20B  Allison 250-C20B  C. Type fuel: Jet A. d. Supercharger:  Yes No X  Begine 1 10861.1 Engine 2 Engine 1 797.5 Engine 2 Engine 1 O/C Engine 2  Propellers  Hours since overhaul:  Number 1 N/A Number 2  Helicopter Components  Hours since new:  Allison 250-C20B  C. Type fuel: Jet A. d. Supercharger:  Yes No X  Engine 1 0/C Engine 2  Propellers  Hours since overhaul:  Number 1 N/A Number 2  Helicopter Components  Hours since new:  Alin rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  Alin rotor 664.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes No X		Yes N	lo X	Yes	No X	į.					
A. Make and model:  Allison 250-C20B  Allison 250-C20B  C. Type fuel: Jet A. d. Supercharger:  Yes No X  Begine 1 10861.1 Engine 2 Engine 1 797.5 Engine 2 Engine 1 O/C Engine 2  Propellers  Hours since overhaul:  Number 1 N/A Number 2  Helicopter Components  Hours since new:  Allison 250-C20B  C. Type fuel: Jet A. d. Supercharger:  Yes No X  Engine 1 0/C Engine 2  Propellers  Hours since overhaul:  Number 1 N/A Number 2  Helicopter Components  Hours since new:  Alin rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  Alin rotor 664.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes No X	Engines										
Allison 250-C20B  e. Hours since new:  f. Hours since major overhaul:  Engine 1 10861.1 Engine 2  Engine 1 797.5 Engine 2  Engine 2  Engine 2  Engine 1 797.5 Engine 2  Engine 1 0/C Engine 2  Propellers  Hours since overhaul:  Number 1 N/A Number 2  Helicopter Components  Hours since new:  Asin rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  Asin rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  Asin rotor 64.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes X No Yes No X					b. Horse	enower: 420	C. 7	Cyne fire1 ·	Tet Δ	d Cuperchara	A#
Helicopter Components  Helicopter Components  Hours since new:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next major overhaul:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5  Yes X No X  g. Hours before next major overhaul:  g. Hours before next major overhaul:  Engine 1 797.5 Engine 2  Engine 1 O/C Engine 2  Hours since overhaul:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  d. Drop stops:  e. Skids:  f. Rotor brakes:  Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5  Yes X No Yes X No Yes No X	Allicon 250_C20B							, po 1001 .	3017		
Propellers   Engine 2   Engine 1 797.5   Engine 2   Engine 1 O/C   Engine 2				f. Hours since	maior ove	rhaul:	1	g Hours	before peyt m		X
Propellers  Hours since overhaul:  Number 1 _ N/A _ Number 2  Helicopter Components  Helicopter Components  Hours since new:  Again rotor 535.7 Tail rotor 499.8 Transmission 797.5 Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  dain rotor 664.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes No X	Engine 1 10961 1	President 2			_					ajoi oveiliaui.	
Helicopter Components  Helicopter Components  Hours since new:  b. Hours since overhaul:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  d. Drop stops:  d. Drop stops:  d. Drop stops:  499.8 Transmission 797.5  d. Drop stops:  499.8 Transmission 797.5  d. Drop stops:  499.8 Transmission 797.5  F. Rotor brakes:  410 Transmission 1602.5 Yes X No	Mgmc 1_10001.1	Engine Z		Engine 1	97.5	Engine 2	-	Engine 1	O/C	Engine 2	
Helicopter Components  Helicopter Components  Hours since overhaul:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5  Main rotor 664.3 Yes X No Yes X No Yes No X	Dwanallawa										
Number 1 _ N/A Number 2 _ Number 2 Number 2 Number 2 _ Nu											
Hours since new:    b. Hours since overhaul:   Main rotor   535.7   Tail rotor   499.8   Transmission   797.5     Hours before next overhaul:   d. Drop stops:   e. Skids:   f. Rotor brakes:     Ain rotor   664.3   Tail rotor   1900.2   Transmission   1602.5   Yes X No   Yes X No   Yes X No X Yes No X   Yes X   Yes X No X   Yes X   Yes X No X   Yes X No X   Yes		Number 1N/A	N	lumber 2							
Hours since new:  b. Hours since overhaul:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  d. Drop stops:  d. Drop stops:  d. Drop stops:  499.8 Transmission 797.5  d. Drop stops:  f. Rotor brakes:  Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5  Yes X No Yes X No Yes No X				82							
Hours since new:  b. Hours since overhaul:  Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  d. Drop stops:  d. Drop stops:  d. Drop stops:  499.8 Transmission 797.5  d. Drop stops:  f. Rotor brakes:  Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5  Yes X No Yes X No Yes No X											
Main rotor 535.7 Tail rotor 499.8 Transmission 797.5 Main rotor 535.7 Tail rotor 499.8 Transmission 797.5  Hours before next overhaul:  d. Drop stops:  e. Skids:  f. Rotor brakes:  Main rotor 664.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes No X		mponents									
Hours before next overhaul:  d. Drop stops:  e. Skids:  f. Rotor brakes:  f. Rotor brakes:  f. Rotor brakes:	riours since new:					b. Hours since ov	erhaul:				
Hours before next overhaul:  d. Drop stops:  e. Skids:  f. Rotor brakes:  fain rotor 664.3 Tail rotor 1900.2 Transmission 1602.5 Yes X No Yes X No Yes No X			9.8 Tran	nsmission_797	.5	Main rotor 535	.7T	ail rotor 49	9.8 Trans	mission 797.5	
	. Hours before next overh	aul:				d. Drop stops:					
Other (specify):		Fail rotor 19	00.2 Trans	mission 16	02.5	Yes X No		Yes X	No	Yes	No X
	. Other (specify):										

a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock:	e. Compass	\$:	f. Turn an	d bank;
Yes X No	Yes No X	Yes X No	Yes X No	Yes X	No	Yes X	3.7.
g. Directional gyro: Yes No X	h. Artificial horizon: Yes X No	i. Altimeter: Yes X No	j. Rate of climb indicator: Yes X No		210	100 A	No
Condition							
	h Pahaia		Ann Anni				
a. Glass:	b. Fabric:		c. Tires: N/A		d. Paint:		

Good X Fair

Poor

d. Ammeter:

Good X Fair

Роог

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

b. Auxiliary Power Unit:

X Fair

	Yes	No	х	Yes	<u>x</u>	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	

c. H/D battery:

13. Radios and Guidance Equipment

a. VHF system installed as specified:

b. FM radio installed as specified:

c. Selector switch for simo-monitoring of VHF and FM:

Yes X No Yes X No Yes X No

d. Loran-C guidance system installed:

Yes No X No Yes X No

FTGARS installed:

Yes X Make/Model

AgNav / Guia

14. Spray System a. STCs or 337s for all components: b. Total tank capacity: c. Emergency dump system: d. Operating load capacity: e. Spray system make: Yes X gallons gallons f. Nozzles: g. Electronic flow-metering system: Yes \_X\_\_\_ -If Hydraulic: Size -If Rotary atomizer: Make Model Make/Model Crophawk

15. Pilots Authorized to Fly Described Aircraft:

a. Volts 28

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

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licens
	ZZOURS			Date	Number
	<del></del>				
				-	
ertification					
ify that the information	contained herein is	accurate			
		assurans.	- 6	10	
Kirk Martin		Secretary/Treasure	Lo	02/0	7/23
Signature - Contractor		Title		Da	te
eview – Vector Mai	nagement Proje	ct Coordinator (For DEP	Hse Only)		
reviewed the information	on provided. Based	upon that review my determine	ation of the aircr	aft's compliance w	ith the
rements for aircraft as se	t forth in DEP's Ve	ctor Management insect suppres	sion or are and	arra compnance w	ші шс
		CLOT MANAGEMENT MISECT SUPPLES	SIOH Drogram Co	miraci specification	WOLLOT 28 21 21
		ctor Management insect suppres	sion program co	nuract specification	IS IS AS TOILOW
Meets requirements;		etor Madageniem insect suppres	sion program co	nuact specification	IS IS AS TOHOW
Meets requirements;			sion program co	ntract specification	IS IS AS TOHOW
Meets requirements;		see explanation below.	sion program co	ntract specification	is is as follow
Meets requirements;			sion program co	ntract specification	is is as follow
Meets requirements;		see explanation below.			
Meets requirements;					Date
Meets requirements;  Does not meet require	ements. If rejected,	see explanation below.  Signature – Vector Man			
Meets requirements;  Does not meet requirements  eview – Aircraft Or	ements. If rejected,	see explanation below.  Signature - Vector Man  or (For DEP Use Only)	agement Project	Coordinator	Date
Meets requirements;  Does not meet requirements  eview – Aircraft Or	ements. If rejected,	see explanation below.  Signature – Vector Man	agement Project	Coordinator	Date
Meets requirements;  Does not meet requirements.	ements. If rejected,	see explanation below.  Signature - Vector Man  or (For DEP Use Only)	agement Project	Coordinator	Date
Meets requirements;  Does not meet requirements  eview – Aircraft Or	ements. If rejected,	Signature Vector Man  or (For DEP Use Only) ment with the decision of the Ve	agement Project	Coordinator ent Project Coordina	Date
Meets requirements;  Does not meet requirements.  Deview – Aircraft Or	ements. If rejected,	see explanation below.  Signature - Vector Man  or (For DEP Use Only)	agement Project	Coordinator ent Project Coordina	Date ator.
Meets requirements;  Does not meet requirements  eview — Aircraft Or  e reviewed this informat	ements. If rejected,  perations Advistion and am in agree	see explanation below.  Signature – Vector Man  or (For DEP Use Only)  ment with the decision of the Vector Man  Signature – Aircraft Op	agement Project	Coordinator ent Project Coordina	Date
Meets requirements;  Does not meet requirements  eview — Aircraft Or	ements. If rejected,  perations Advistion and am in agree	see explanation below.  Signature – Vector Man  or (For DEP Use Only)  ment with the decision of the Vector Man  Signature – Aircraft Op	agement Project	Coordinator ent Project Coordina	Date
Meets requirements;  Does not meet requirements;  eview — Aircraft Or e reviewed this informat	ements. If rejected,  perations Advistion and am in agree	see explanation below.  Signature – Vector Man  or (For DEP Use Only)  ment with the decision of the Vector Man  Signature – Aircraft Op	agement Project	Coordinator ent Project Coordina	Date
Meets requirements;  Does not meet requirements  eview — Aircraft Or  e reviewed this informat	ements. If rejected,  perations Advistion and am in agree	see explanation below.  Signature – Vector Man  or (For DEP Use Only)  ment with the decision of the Vector Man  Signature – Aircraft Op	agement Project	Coordinator ent Project Coordina	Date ator.
Meets requirements;  Does not meet requirements  eview — Aircraft Or  e reviewed this informat	ements. If rejected,  perations Advistion and am in agree	see explanation below.  Signature – Vector Man  or (For DEP Use Only)  ment with the decision of the Vector Man  Signature – Aircraft Op	agement Project	Coordinator ent Project Coordina	Date ator.
Meets requirements;  Does not meet requirements  eview — Aircraft Or  e reviewed this informat	ements. If rejected,  perations Advistion and am in agree	see explanation below.  Signature – Vector Man  or (For DEP Use Only)  ment with the decision of the Vector Man  Signature – Aircraft Op	agement Project	Coordinator ent Project Coordina	Date ator.
Meets requirements;  Does not meet requirements  eview — Aircraft Or  e reviewed this informat	ements. If rejected,  perations Advistion and am in agree	see explanation below.  Signature – Vector Man  or (For DEP Use Only)  ment with the decision of the Vector Man  Signature – Aircraft Op	agement Project	Coordinator ent Project Coordina	Date ator.

1. Spray	Project	Contra	ctor Info	rmation							
a. Name	Helicopter A	Applicators, 1	Inc.		elephone	717-337-1370					
			(Su					T	ype or pri	nt all information	in ink.
c. Address 1670 York Ro	oad			d. Ci Getty	ity, State, an sburg, PA 1	d Zip Code 7325		R	eturn com e Vector I	pleted and signed Vanagement Proj	form to
e. Contractor	s PA Departr	nent of Agri	culture pestici	de application b	usiness lice	nce number DI	20011	Sr	oordinato: ecificatio	r. See Contract as for the name as	
			se No.		705HC55 FICE	ise number. BU	2911		ldress.	is for the hame at	ıa
2. Aircra	ft Owne	r Inform	nation								
a. Aircraft is (	(check one):										
Owned X		icted,	or leased	by the spray	project cont	ractor					
b. Owner's Na	ime		c. Address	Same as abo		d. City, State	, and Zip Co	ode Sam	e as above	e. Telephone 71	7-337-
Helicopter App	plicators, Inc.									1370	
3 Airono	ft Dagari		. J. T. C			'	***				
a. Type of airc	craft (check o	puon ar	ad inform	nation							
									b. Qualified	under:	
c. Aircraft:	d-wing	Spray helie	copter X	Observation f		Observation	helicopter		FAR Part 13		
					a.	No. of engines:	e. FAA N	umber:	f. Year bu	ilt: g. Passenger c	apacity:
Make Bell		odel _OH-				1	N65	6НА	1969	3	
h. Registration	n certification	1. A	airworthiness (	certification	j. Cruising	g speed:	k. Ho	urs of fue	I: l. Tim	e since 100-hour insp	ection:
Yes X			X	No	MPH 100	)Knots		2	Annus	0 al Inspection Due: 04	4/01/24
m. Major mod	lifications:	None								and the same of th	1701/24
1. Airfran	ne										
a. Hours since		b. Used for	acrobatics:	c. Parking b	rakes:	d. Paint schen	ne: Grev/F	Blue/Red			-75
11889.4		Yes	No X				G.	3140/100			
		108	NO X	Yes 1	X oV						
Engines	_										
a. Make and m					1 77	400	-				
					b. Horse	power: 420	c. Type	fuel: ]	let A	d. Supercharger:	
e. Hours since n			T	A ** 1						Yes No X	
o. Hours smoc j	IGW.			f. Hours since	major overl	naul:	g.	. Hours be	efore next m	ajor overhaul:	
Engine 1 3019	1.5	Engine 2		Engine 1 1	190.8	Engine 2	Б	ngine 1	O/C	Engine 2	
. Propelle	ers										
a. Hours since o	overhaul:										
	Nu	mber 1N	/A N	umber 2							
. Helicop	ter Com	nonente	1								
a. Hours since n		Pononta			1	b. Hours since ov	/erhaul•				
Main rotor on	6 7	.:	01.6		.						
Main rotor 90 c. Hours before		il rotor 11	81.5 Trar	smission_1615	5.0	Main rotor 90.6 d. Drop stops:		Skide:	.5 Tra	nsmission 1615.3	
						a. Drop stops.	e.	Skids:		f. Rotor brakes:	
Main rotor 11 g. Other (specify		ail rotor	1218.4 Tra	msmission 7	84.7	Yes X No	Ye	es X	No	Yes No	X
(opvoil)	,,,										

a. Fuel quantity:	b. Stall warning:	c. Airspeed:	d. Clock:	e, Compass:	f. Turn and bank:
Yes X No	Yes No X	Yes X No	Yes X No	Yes X No	Yes X No
g. Directional gyro: Yes No X	h. Artificial horizon: Yes X No	i. Altimeter: Yes X No	j. Rate of climb indicator Yes X No		Yes X No
. Condition					
a. Glass:	b. Fabric:		c. Tires: N/A	d. Paint:	
Good X Fair  e. Seat belts:	Poor Good X f. Shoulder	Fair Poor	Good Fair I	Poor Good X	Fair Poor

Good X Fair

Роог

Good X Fair

Poor

10. Emergency Equi	pment	
a. First aid kit:	b. Engine fire extinguisher:	c. Cabin fire extinguisher:
Yes X No	Yes No X	Yes X No

Good X Fair

Good X Fair

Poor

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

Poor

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		

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

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

15. Pilots Authorized to Fly Described Aircraft: **Total Flight** FAA Medical FAA License Name Special Qualifications Rating Hours Date Number SEE PILOT SHEETS

Certification ertify that the information contained herein is accurate.  Kirk Martin Signature – Contractor  Review – Vector Management Project Coordinator (For DEP Use Only) we reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with uircements for aircraft as set forth in DEP's Vector Management insect suppression program contract specifications  Meets requirements;  Does not meet requirements. If rejected, see explanation below.  Signature – Vector Management Project Coordinator  Review – Aircraft Operations Advisor (For DEP Use Only) we reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Review – Aircraft Operations Advisor (For DEP Use Only) Signature – Vector Management Project Coordinator  Review – Aircraft Operations Advisor (For DEP Use Only) Signature – Aircraft Operations Advisor  Date  Reasons for Rejection (For DEP Use Only)	FAA Licens
Secretary/Treasurer	Number
Kirk Martin	
Kirk Martin Secretary/Treasurer — 02/07/2:  Signature - Contractor Title Secretary/Treasurer — 02/07/2:  Signature - Contractor Title Date  Leview - Vector Management Project Coordinator (For DEP Use Only)  e reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with rements for aircraft as set forth in DEP's Vector Management insect suppression program contract specifications  Meets requirements;  Does not meet requirements. If rejected, see explanation below.  Signature - Vector Management Project Coordinator  eview - Aircraft Operations Advisor (For DEP Use Only)  e reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Signature - Aircraft Operations Advisor Date	
Secretary/Treasurer	
Kirk MartinSecretary/Treasurer	
Kirk MartinSecretary/Treasurer	
Kirk MartinSecretary/Treasurer	
Secretary/Treasurer	
Secretary/Treasurer	
Kirk MartinSecretary/Treasurer	
Secretary/Treasurer	
Signature - Contractor   Signature - Contractor   Signature - Contractor   Title   Date	
Signature - Contractor   Signature - Contractor   Signature - Contractor   Title   Date	
Signature - Contractor  Title  Title  Date  Review - Vector Management Project Coordinator (For DEP Use Only)  The reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with irements for aircraft as set forth in DEP's Vector Management insect suppression program contract specifications  Meets requirements;  Does not meet requirements. If rejected, see explanation below.  Signature - Vector Management Project Coordinator  Review - Aircraft Operations Advisor (For DEP Use Only)  The reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Signature - Aircraft Operations Advisor  Date	
Review – Vector Management Project Coordinator (For DEP Use Only)  We reviewed the information provided. Based upon that review, my determination of the aircraft's compliance with irements for aircraft as set forth in DEP's Vector Management insect suppression program contract specifications  Meets requirements;  Does not meet requirements. If rejected, see explanation below.  Signature – Vector Management Project Coordinator  Review – Aircraft Operations Advisor (For DEP Use Only)  We reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Signature – Aircraft Operations Advisor  Date	-
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Meets requirements. If rejected, see explanation below.    Does not meet requirements. If rejected, see explanation below.    Signature - Vector Management Project Coordinator	
Meets requirements;  Does not meet requirements. If rejected, see explanation below.  Signature – Vector Management Project Coordinator  Review – Aircraft Operations Advisor (For DEP Use Only)  The reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Signature – Aircraft Operations Advisor  Signature – Aircraft Operations Advisor  Date	
Meets requirements;  Does not meet requirements. If rejected, see explanation below.  Signature – Vector Management Project Coordinator  Review – Aircraft Operations Advisor (For DEP Use Only)  The reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Signature – Aircraft Operations Advisor  Date	the
Does not meet requirements. If rejected, see explanation below.    Signature - Vector Management Project Coordinator	is as follows
Signature – Vector Management Project Coordinator  eview – Aircraft Operations Advisor (For DEP Use Only)  re reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Signature – Aircraft Operations Advisor  Date	
Signature – Vector Management Project Coordinator  eview – Aircraft Operations Advisor (For DEP Use Only)  e reviewed this information and am in agreement with the decision of the Vector Management Project Coordinator  Signature – Aircraft Operations Advisor  Date	
eview — Aircraft Operations Advisor (For DEP Use Only)  e reviewed this information and am in agreement with the decision of the Vector Management Project Coordinate  Signature — Aircraft Operations Advisor  Date	
eview — Aircraft Operations Advisor (For DEP Use Only)  re reviewed this information and am in agreement with the decision of the Vector Management Project Coordinate  Signature — Aircraft Operations Advisor  Date	
Signature – Aircraft Operations Advisor  Date	Date
Signature – Aircraft Operations Advisor  Date	
Signature – Aircraft Operations Advisor Date	
Signature - Aircraft Operations Advisor Date	or.
easons for Rejection (For DEP Use Only)	
(2 of Diff ese Only)	

1. Spray Project										
a. Name Helicopter A	Applicators, Inc.		b. Teleph	none 717	7-337-1370					
							1	Type or pr	int all	information in ink.
c. Address			d. City, S	itate, and 2	Zip Code		F	Return con	nplete	d and signed form to
1670 York Road			Gettysbur	g, PA 173	25		l t	he Vector	Mana	gement Project
e. Contractor's PA Departr	nent of Agriculture	nesticide an	nlication busin	ecc licence	mumb and DV	2011		oordinate	or. Se	e Contract r the name and
				ess neense	number: BU	2911		ddress.	)US 101	r the name and
WU BUSINESS	LICENSE NO.	US6	1							
3 4: 01.0										
<ol> <li>Aircraft Owne</li> <li>a. Aircraft is (check one):</li> </ol>	r Informatio	on								
a. Andrait is (check one):										
Owned X subcontra	1011000		the spray proje	ect contrac	tor					
b. Owner's Name	c, A	Address Sa	me as above		d. City, State	e, and Z	Lip Code Sar	ne as above	e. 1	Telephone 717-337-
Helicopter Applicators, Inc.									137	
. Aircraft Descri	iption and In	nformati	ion							
a. Type of aircraft (check of	one):							b. Qualifie	d unde	<b>*</b>
Spray fixed-wing	Spray helicopter	ν οι						•		•
c. Aircraft:	Spray hericopter	A Uns	servation fixed		Observation of engines:		AA Number:	f. Year b		FAR Part 137 X
Mal- D-U				G. 140	or origines.	C. I'	LA NUMBER	i. rear b	unc:	g. Passenger capacity:
Make_Bell M h. Registration certification	lodelOH-58	Series	_A+	.l	_1		N659HA	1970_		3
n. Registration certification	i. Airwort	thiness certifi	cation j.	Cruising s	peed:	k	. Hours of fu	el:   l. Tit		e 100-hour inspection:
Yes X No	Yes X	No	м	PH 100	Knots		2	Annu		0 pection Due: 03/01/24
m. Major modifications:	None									
	9									
	9									
. Airframe	5									
. Airframe a. Hours since new:	b. Used for acroba	atics: c.	Parking brake	s:	d Paint schen	ne: (	rev/Rlue/Pec			
a. Hours since new:	b. Used for acroba		Parking brake		d. Paint schen	ne: C	irey/Blue/Red	I		
	b. Used for acrobs				d. Paint schen	ne: C	irey/Blue/Red	1		
a. Hours since new: 7068.2					d. Paint schen	ne: C	irey/Blue/Red	I		
a. Hours since new: 7068.2  Engines					d. Paint schen	ne: C	Gτ <b>c</b> y/Blue/Red	i		
a. Hours since new: 7068.2  Engines			es No				ircy/Bluc/Red	Jet A	d. S	Supercharger:
. Hours since new: 7068.2			es No	х						
Engines  Make and model:  Allison 250-C20C		Ye	es No	X Horsepov	wer: 420		Type fuel :	Jet A	Yes	No X
Engines  Make and model:  Allison 250-C20C  Hours since new:	Yes No X	Ye Ye	b.	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
Engines  Make and model:  Allison 250-C20C  e. Hours since new:		Ye Ye	b.	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
Engines  a. Hours since new: 7068.2  Engines  a. Make and model: Allison 250-C20C  e. Hours since new: Engine 1 5864.6	Yes No X	Ye Ye	b.	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
Engines  Make and model:  Allison 250-C20C  Hours since new:  Engine 1 5864.6  Propellers	Yes No X	Ye Ye	b.	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
Engines  Make and model:  Allison 250-C20C  Hours since new:  Engine 1 5864.6  Propellers  Hours since overhaul:	Yes No X	f H	b.  fours since maj	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
Engines  a. Hours since new: 7068.2  Engines  a. Make and model: Allison 250-C20C  e. Hours since new: Engine 1 5864.6  Propellers  a. Hours since overhaul:	Yes No X	f H	b.  fours since maj	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
Engines  Make and model:  Allison 250-C20C  Hours since new:  Engine 1 5864.6  Propellers  Hours since overhaul:	Yes No X	f H	b.  fours since maj	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
L. Hours since new: 2068.2  Engines L. Make and model: Allison 250-C20C E. Hours since new: Engine 1 5864.6  Propellers L. Hours since overhaul: Nu	Yes No X  Engine 2  umber 1N/A	f H	b.  fours since maj	X Horsepov	wer: 420		Type fuel :	Jet A	Yes major o	No X
A. Hours since new: 7068.2  Engines  Make and model: Allison 250-C20C  Hours since new: Engine 1 5864.6  Propellers Hours since overhaul: Nu  Helicopter Com	Yes No X  Engine 2  umber 1N/A	f H	b.  fours since maj	Horsepov	wer: 420	с. 7	g. Hours i	Jet A	Yes major o	No X
A. Hours since new: 7068.2  Engines  Allison 250-C20C  Hours since new: Engine 1 5864.6  Propellers Hours since overhaul: Nu  Helicopter Com Hours since new:	Yes No X  Engine 2  Imber 1N/A  Iponents	f. H Engi	b. Cours since maj	Horsepov for overhau	wer: 420 al: Engine 2	c. T	g. Hours i	Jet A before next	Yes major o En	No X everhaul:
a. Hours since new: 7068.2  Engines a. Make and model: Allison 250-C20C e. Hours since new: Engine 1 5864.6  Propellers b. Hours since overhaul: Nu Helicopter Com b. Hours since new: Asin rotor 0 Tail r	Engine 2  Imponents  rotor 1207.7	f H	b. Cours since maj	Horsepov	wer: 420  al: Engine 2  Hours since ou	c. T	g. Hours in Engine 1	Jet A before next	Yes major o En	No X everhaul: agine 2
Engines  a. Hours since new: 7068.2  Engines  a. Make and model: Allison 250-C20C  e. Hours since new: Engine 1 5864.6  Propellers  a. Hours since overhaul: Nu  Helicopter Com  a. Hours since new:  Asin rotor 0 Tail notes to be fore next overhaul.	Yes No X  Engine 2  Imponents  rotor 1207.7	f. H Engi	b. fours since maj	Horsepoverhau  9  b. M. d.	wer: 420 al: Engine 2	c. T	g. Hours i	Jet A before next	Yes major o En	No X everhaul:
Allison 250-C20C Engine 1 5864.6  Propellers Hours since overhaul: Nu Helicopter Com Hours since new: Ann rotor 0 Tail of Hours before next overhau	Engine 2  Imponents  rotor 1207.7	f. H Engi	b. Sours since major 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Horsepoverhau  b.  b.  M.  d.	wer: 420  al: Engine 2  Hours since ou	c. T	g. Hours in Engine 1	Jet A before next	Yes major o En	No X everhaul: agine 2

8. Instruments									
a. Fuel quantity:	b. Stall wa	arning:	c. Airspeed:	d. Clock;		e. Compas	ss:	f. Turn	f. Turn and bank:
Yes X No	Yes	No X	Yes X	To Yes X	No	Yes X No			
g. Directional gyro:	h. Artificia	al horizon:	i. Altimeter:		imb indicator:	ICS A	NO	Yes X	No_
Yes No X	Yes X	No	Yes X No	Yes X	No				
Condition									
a. Glass:		b. Fabric:		c. Tires: N	11				
Good X Fair	Desir				/A		d. Paint;		
e. Seat belts:	Poor	f. Shoulder	Fair Poor	g. Cabin:	Fair Po	100	Good X		Poor
Good X Fair	Poor	Good X			Fair P	oor	h. Cockpit:		Poor
							0000 11	4 464	1001
0. Emergency E				-					
a. First aid kit:	Ъ.	Engine fire ext	inguisher:	c. Cabin fire extinguis	her:				
Yes X No	Ye	s N	o_X	Yes X No					
1 Flooris I S	4								
1. Electrical Sys a. Volts 28		Auxiliary Powe	er Unit:	c. H/D battery:	1 6	Ammeter			
	- 1	-							
	110	2 1/10	) X	Yes X No		res X	No		
2. Lights									
a. Rotating beacon:	b. Landing:		c. Cockpit	d. Navigation:	e.	Other (spe	cify):		
Yes X No	Yes X	No	Yes X No		1	oma (spe			
	100 71	110	169 V 100	Yes X No	0	-			
3. Radios and G	I aarabir	Tarrina an	4						
a. VHF system installed a	s specified:		EM radio installe	d as specified:	c Selec	tor switch fo	or simo-monit	ning of 1/1	III and PAG
Yes X	_			-	O. Boloc		n suno-moun	Offing of A1	nr and rivi:
d. Loran-C guidance syst	No em installed:	e. (	Yes X  GPS guidance sys		f ETGA	Yes X RS installe	d· No		
Yes No _>	r		-		1				
140_7	<b>`</b>		YesX	NO		Make/Nav /	dodel _Guia		
4. Spray System									
a. STCs or 337s for all co	mponents:	<ul> <li>b. Total tank c</li> </ul>	apacity: c. En	nergency dump system:	d. Operating	g load capac	ity: e. S	pray system	n make;
Yes X No		130	gallons Yes	X No	100	gal	lons Sim	plex	
f. Nozzies: -If Hydraulic: Ty	pe	Si	zė			g. Elect Yes _X	ronic flow-m	etering syst	tem:
						1			
-If Rotary atomizer: Ma	IKC .	M	odel			Make/M	iodel Croph	nawk /	
5. Pilots Authori	zed to Fb	Describe	ad Airarafi						
		Total Flight			T	11	FAA Medi	col E	A Licens
N.T.		Hours	Specia	l Qualifications	Rati	ıg '	Date		Number
Name									
Name						1			
Name									
Name									
Name									
Name			SEE PII	LOT SHEETS					

S. Pilots Authorized to Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licens
				Date	Number
				-	
Certification					
rtify that the information co	ontained herein is	accurate.			
Kirk Martin	Lan	0-			
Signature - Contractor	116	Secretary/Treasure Title	er	02/08/	
o-g-rataro contractor		1 itle		Da	te
Review – Vector Man	agement Proje	ct Coordinator (For DEP	Use Only)		
e reviewed the information	n provided. Based	upon that review my determine	tion of the sires	aft's compliance w	ith the
irements for aircraft as set	forth in DEP's Ve	ctor Management insect suppres	sion program co	entract specification	s is as follow
_ Meets requirements;					
_ wices requirements,					
_ Does not meet requirer	ments. If rejected.	see explanation below.			
_		or orpanion or or.			
		Signature – Vector Man	agement Project	Coordinator	Date
Review – Aircraft Ope	erations Adviso	or (For DEP Use Only)			
we reviewed this informatio	n and am in agree	ment with the decision of the Ve	ctor Manageme	nt Project Coordina	ator.
			0	<b>,</b>	
		Signature - Aircraft Op			
		Signature – Aircraft Op	erations Advisor	r Da	te
Reasons for Rejection	(For DEP Use	Only)			

	r Applicat	tractor Info						
a. Name Helicopte	a Applicat	ors, inc.	b. Te	lephone 717	-337-1370			
c. Address	-		1.00	A			Type or prin	nt all information in ink. pleted and signed form t
1670 York Road			d. Cit	y, State, and Z burg, PA 1732	ip Code 25	1	the Vector I	Management Project
e. Contractor's PA Depa	artment of	Agriculture pestic	ide application by	siness license	number: BU2	0011	Coordinator Specification	r. See Contract as for the name and
WV Busines				isiness needse	number: BU	2911	address.	is for the name and
PARTICIAL STATES	, s & C.C.	ense No.	0267					
2 Aironald O-								
<ol> <li>Aircraft Own</li> <li>a. Aircraft is (check one</li> </ol>	ier ini	ormation						
Owned X subcor	itracted	or leased	by the spray p	roject contract				
		c. Address	Same as abov	re	d. City, State,	and Zip Code Sa	ame as above	e. Telephone 717-337-
Helicopter Applicators, I	nc.							1370
3. Aircraft Desc	ription	ı and Infori	mation					
a. Type of aircraft (chec	k one):						b. Qualified	under:
Spray fixed-wing	Spray	helicopter X	Observation fix	red-wing	Observation h	elicopter	FAR Part 13	S V FAD Doubling as
c. Aircraft:					of engines:	e. FAA Number:	f. Year bu	
Make_Bell	Model 2	206 Series	L1		1	DICCOVY.		o again,
h. Registration certificat	ion	i. Airworthiness		j. Cruising sp		k. Hours of f	1979	e since 100-hour inspection:
Yes X No		Yes X				K. 110013 01 1	4	0
m. Major modifications:	None	ies X	No	MPH 100	Knots	3	Annua	I Inspection Due: 04/01/24
. Airframe								
<ol> <li>Hours since new:</li> <li>28813.0</li> </ol>	b. Used	d for acrobatics:	c. Parking bra	akes:	d. Paint scheme	e: Grey/Blue/Re	d	
	Yes	No X	Yes N	o X				
. Engines								
- Angelana Chi								
				b. Horsepow	er: 650	c. Type firel:	Tet A	d Cunercharger
a. Make and model:				b. Horsepow	er: 650	c. Type fuel:	Jet A	d. Supercharger:
Make and model:     Allison 250-C30P			f. Hours since r					Yes No X
a Make and model: Allison 250-C30P c. Hours since new:	D. I. o		f. Hours since r	najor overhaul	:		Jet A before next m	Yes No X
a Make and model: Allison 250-C30P c. Hours since new:	Engine 2			najor overhaul			before next m	Yes No X
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 3481.9	Engine 2			najor overhaul	:	g. Hours	before next m	Yes No X ajor overhaul;
a. Make and model:  Allison 250-C30P c. Hours since new:  Engine 1 3481.9  Propellers	Engine 2			najor overhaul	:	g. Hours	before next m	Yes No X ajor overhaul;
a. Make and model:  Allison 250-C30P c. Hours since new:  Engine 1 3481.9  Propellers a. Hours since overhaul:			Engine 1 15	najor overhaul	:	g. Hours	before next m	Yes No X ajor overhaul;
a. Make and model:  Allison 250-C30P c. Hours since new:  Engine 1 3481.9  Propellers a. Hours since overhaul:				najor overhaul	:	g. Hours	before next m	Yes No X ajor overhaul;
a. Make and model:  Allison 250-C30P c. Hours since new:  Engine 1 3481.9  Propellers a. Hours since overhaul:			Engine 1 15	najor overhaul	:	g. Hours	before next m	Yes No X ajor overhaul;
a. Make and model:  Allison 250-C30P c. Hours since new: Engine 1 3481.9  Propellers a. Hours since overhaul:  Helicopter Con	Number 1	_N/A N	Engine 1 15	najor overhaul	:	g. Hours	before next m	Yes No X ajor overhaul;
a. Make and model:  Allison 250-C30P c. Hours since new: Engine 1 3481.9  Propellers a. Hours since overhaul:  Helicopter Con	Number 1	_N/A N	Engine 1 15	najor overhaul	:	g, Hours	before next m	Yes No X ajor overhaul;
a Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 3481.9  Propellers a. Hours since overhaul:  Helicopter Control Hours since new:	Number 1	N/A N	Engine 1 15  Vumber 2	najor overhaul 08.2 Br	: ngine 2 Hours since ove	g. Hours Engine 1	before next m	Yes No X ajor overhaul; Engine 2
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 3481.9  Propellers a. Hours since overhaul:  Helicopter Coll b. Hours since new:  Main rotor 613.8	Mumber 1  mpone  Tail rotor	N/A N	Engine 1 15	najor overhaul 08.2 Br	: ngine 2  Hours since ove	g. Hours Engine 1	before next m. O/C	Yes No X ajor overhaul; Engine 2 smission 1951.6
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 3481.9  Propellers a. Hours since overhaul:  Helicopter Col. b. Hours since new:  Main rotor 613.8 c. Hours before next overh	Mpone Tail rotor	N/AN ents r 971 Transm	Engine 1 15  Number 2	b.	:  Hours since over ain rotor 613.8  Drop stops:	g. Hours Engine 1	before next m. O/C	Yes No X ajor overhaul; Engine 2
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 3481.9  Propellers a. Hours since overhaul:	Mumber 1  mpone  Tail rotor	N/AN ents r 971 Transm	Engine 1 15  Number 2	najor overhaul 08.2 Br	:  Hours since over ain rotor 613.8  Drop stops:	g. Hours Engine 1  rhaul:  Tail rotor 9  e. Skids:	before next m. O/C	Yes No X ajor overhaul; Engine 2 smission 1951.6

8. Instruments			1					
a. Fuel quantity:	b. Stall warning:	c. Airspeed;	4.0	Clock:				
Yes_X No					1	e. Compass:	1	f. Turn and bank:
g. Directional gyro:	h. Artificial horizon:	Yes X		X No		Yes X N	lo .	Yes X No
	1		7	ate of climb in	idicator:			
Yes X No	Yes X No	Yes X N	o Yes	X No	)			
9. Condition								
a. Glass:	b. Fabr	ic:	- ~					
Good V B-t-			c. 1	ires: N/A		đ,	Paint:	
Good X Fair c. Seat belts:	Poor Good		oor Goo	d Fair	Poo	or Go	ood_X_F	air Poor
	I. Snou	lder harness:	g. C	abin;		h.	Cockpit:	1001
Good X Fair	Poor Good	X Fair Po	oor Goo	i X Fair	Poo	or Go	ood X Fai	ir Poor
0 E								
10. Emergency E a. First aid kit:								
	b. Engine in	e extinguisher:	c. Cabin fire	extinguisher:				
Yes X No	Yes	No X	Yes X	No				
1. Electrical Sys	stem							
a. Volts 28	b. Auxiliary	Power Unit:	c. H/D battery		d.	Ammeter:		
	Yes	No X	Yes X			•		
		210	TCS A	INU	Ye	s X	No	
2. Lights								
a. Rotating beacon:	b. Landing:	c. Cockpit	d No	vigation;	1-	04		
Yes_X No			u. Na	vigation;	е.	Other (specify)	¢.	
105 21 110	Yes: X No	Yes X N	o Yes	X No				
3. Radios and G	uidance Equipn	ıen <del>t</del>						
a. VHF system installed	as specified:	b. FM radio install	ed as specified:		o Calanta			
		or a real radio motal	sou as specified.		c. Selecto	r switch for sin	10-monitoring	g of VHF and FM:
Yes X  1. Loran-C guidance syst	No em installed:	Yes X				Yes X	No	
		e. GPS guidance sy	ystem installed:	1 :	f. ETGAR	RS installed:		
Yes No _2	<u> </u>	YesX	No	1.		_ Make/Mode		
					AgNav	/ / Gui	а	
4. Spray System								
a. STCs or 337s for all co		nk capacity: c. E	mergency dump sy	stem. 4 C	Inerating 1	oad capacity:	- Cu	
Yes X No				u. c	por annig 1	odd capacity.	e. Spray	system make:
Nozzles:	160	galions Ye	s X No		130	gallons	Simplex	
	ре	_ Size		_		g. Electronic Yes _X	: flow-meterir	ng system:
If Rotary atomizer: Ma	ike	Model				Make/Model	Cronhanik	
						THIRD HIDGO	Citophawk	
. Phots Authori	zed to Fly Descr		t:					
Name	Total Fli Hours		al Qualificatio	ns	Rating	, ,	Medical	FAA Licens
	220415						Date	Number
		SEE DI	LOT SHEE	TS				
			LOI BUILD	11 (7)		T		

Date Date	Number
Certification	
artify that the information contained herein is accurate.	
Kirk Martin Secretary/Treasurer	03/23
Signature - Contractor	Date
Review - Vector Management Project County of The Park	
Review Vector Management Project Coordinator (For DEP Use Only)	
ve reviewed the information provided. Based upon that review, my determination of the aircraft's compliance irements for aircraft as set forth in DEP's Vector Management insect suppression program contract specificat	with the
s vector Management disect suppression program contract specificat	ions is as follow
Meets requirements;	
Does not meet requirements. If rejected, see explanation below.	
Signature - Vector Management Project Coordinator	Date
Review – Aircraft Operations Advisor (For DEP Use Only)	
ve reviewed this information and am in agreement with the decision of the Vector Management Project Coord	inator
o and i would a man i would a management of the country	mator.
Signature - Aircraft Operations Advisor	Date
Reasons for Rejection (For DEP Use Only)	

	oplicators, l	nc.	b. Te	elephone 71	7-337-1370			
c. Address 1670 York Road			d. Ci	ty, State, and 2	Zip Code		Return cor	int all information in ink npleted and signed form t
				sburg, PA 173		10	Coordinate	Management Project or. See Contract
e. Contractor's PA Departm	ent of Agri	culture pestici	de application b	usiness license	number: BU	2911	Specification address.	ons for the name and
WU Business	Licen	se No.	0562				auuress.	
Aircraft Owner     Aircraft is (check one):	Inform	nation						
Owned X subcontrac	ted .	or leased	by the spray	project contrac	etor			
o. Owner's Name		c. Address	Same as abo			and Zip Code	Same as above	e. Telephone 717-337-
Helicopter Applicators, Inc.						•		1370
							-	
Aircraft Descrip	otion a	ad Inform	nation					
a. Type of aircraft (check or	ne):						b. Qualifie	ed under:
Spray fixed-wing	Spray heli	copter_X	Observation f		Observation 1	nelicopter	FAR Part	
				d. No	o. of engines:	e. FAA Numbe	r: f. Year b	wilt: g. Passenger capacity:
	del206_	Series			_1	N641HA	1991_	6
n. Registration certification	1. A	Lirworthiness	certification	j. Cruising s	peed:	k. Hours of	fuel: I. Ti	me since 100-hour inspection:
Yes X No n. Major modifications:		X	No	MPH 100	Knots	3	Ann	0
m. Major mounications:	None							
Airframe						2		
Hours since new: 15631.9	. Used for	acrobatics:	c. Parking b	rakes:	d. Paint schem	e: Green/Whit	e	
	Zes	No X	Yes 1	No X				
Engines								
. Make and model:				b. Horsepo	wer: 650	c. Type fuel:	Tot A	1 01
Allison 250-C30P				b. Horacpo	wci. 030	c. Type fuel :	Jet A	d. Supercharger:
			f. Hours since	major overhar	al:	o Hou	re hefore nevt	Yes No X major overhaul:
. Hours since new:	nine 2					Engine	1 O/C	Engine 2
. Hours since new:	gine 2		Engine 1 9	82.2 E	ngine 2	-		
. Hours since new:	gine 2		Engine 1 9	82.2 Ei	ngine 2			
Hours since new:  agine 1 2972.7 En  Propellers	gine 2		Engine 1 9	82.2 E	ngine 2			
Propellers Hours since overhaul:		/A N	Engine 1 9	82.2 E	ngune 2			
Propellers Hours since overhaul:		/A N		82.2 B	ngine 2			
Propellers Hours since overhaul:	nber IN	-		82.2 B	ngine 2			
Propellers Hours since overhaul: Num  Helicopter Comp	nber IN	-				erhaul:		
Propellers Hours since overhaul: Num  Helicopter Comp Hours since new:	nber 1N	5	fumber 2		. Hours since ov			
Propellers Hours since overhaul: Num  Helicopter Comp Hours since new: ain rotor 1361.2	nber 1N  Donents Cail rotor	5		b 44.9 N	. Hours since ov	.2 Tail rotor		Transmission 2644.9
Helicopter Compound Hours since new:  A Hours since overhaul:  Num  Helicopter Compound Hours since new:  A Hours since new:  A Hours since new:  A Hours before next overhaul	onents	1919.3 T	fumber 2	44.9 b	. Hours since ov		s:	Transmission 2644.9 f. Rotor brakes: Yes No X

8. Instruments					1					
a. Fuel quantity:	b. Stall wa	arning:	c. Airspeed:		d. Clock:		la Co	mpass:	100	
Yes X No	Yes	No X	1				1		f. Tu	rn and bank:
g. Directional gyro:	h. Artifici	al horizon:	Yes X 1	NO	yes X j. Rate of cli	No mb indicat	Yes	X No	Yes	X No
Yes X No	Yes X	No	Y Y >				J.			
200 42 210	165 A	140	Yes X No	-	Yes X	No				
0										
9. Condition a. Glass:										
		b. Fabric:			c. Tires: N	'A		d. Paint:		
Good X Fair e. Seat belts:	Poor	Good X		or	Good	Fair	Poor	Good X	Fair	Роот
c. Seat beits;		f. Shoulder	r harness:		g. Cabin:			h. Cockpi		1001
Good X Fair	Poor	Good X	Fair Poo	or	Good X	Fair	Poor	Good X	Fair	Poor
								3000 72	- A DII	roor
10. Emergency E	auinmen	t								
a. First aid kit:		Engine fire ex	dinguisher:	c. Cabi	in fire extinguis	her:	7			
Yes X No	v	es 1	AT- XP		Ū					
140	16	S ,	No_X	Yes	X No		]			
44 777										
11. Electrical Sys				,						
a. Voits 28	Ь.	Auxiliary Pov	ver Unit:	c. H/D	battery:		d. Amn	neter:		
	Ye	s N	√o_X	Yes X	C No		Yes X	No		
12. Lights										
a. Rotating beacon:	b. Landing:		c. Cockpit		d. Navigation:		e Other	(specify):		
Yes X No	Yes X	N-	•		-		o. Omoi	(specify).		
TOS X NO	I CS . A	NO	Yes X No		Yes X No					
14 75 71										
13. Radios and G	uidance I									
a. VHF system installed a	as specified:	Ъ.	FM radio installe	d as specif	ied:	c. Se	lector swit	tch for simo-mon	itoring of \	VHF and FM:
Yes X			Yes X	No			Yes	X N	n	
d. Loran-C guidance syst	em installed:	e.	GPS guidance sys	stem instal	led:	f. ET	GARS ins			
Yes No _2	X		YesX	No		Ves	Y M	ake/Model		
				110			Nav			
14. Spray System										
a. STCs or 337s for all co		b. Total tank	capacity: c. En	nergency d	lump system:	d. Opera	ting load o	apacity: e	Spray syste	em make:
Yes X No		160					_			ati maxo.
f. Nozzles:		100	gallons Yes	X )	N0	1.	30	gallons Sin Electronic flow-n	plex	stom
-If Hydraulic: Ty	pe	S	lize				Yes	X	netering sy	stem:
-If Rotary atomizer: Ma	ike	7	víodel				Mal	lead fadal Com	11	,
		•					IVIA	ke/Model Crop	NWEIGH	1
15 Dilata Andles	mad 4- 100	. D "	. 3 44							
15. Pilots Authori				:		1				
Name	,	Cotal Fligh Hours	T Specia	ıl Qualif	fications	Ra	ting	FAA Med	ical F	AA License
		Hours						Date		Number
						-		-		
			SEE PII	LOT S	HEETS					

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA Licens
				Date	Number
	+				
~~~					
Certification					
rtify that the information	.1	accurate.			
Kirk Martin	No Mis	Secretary/Treasurer_		02/03/2	2
Signature - Contractor		Title		02/03/2. Da	
uirements for aircraft as se Meets requirements;	t forth in DEP's Ve	upon that review, my determination Management insect suppres	sion program co	ntract specification	as is as follow
Does not meet require	ements. If rejected,	see evalenation below			
		see explanation below.			
		Signature - Vector Man	agement Project	Coordinator	Date
Review – Aircraft Op	erations Advis	Signature – Vector Man			
Review – Aircraft Op ave reviewed this informati	erations Advise	Signature – Vector Man			
Review – Aircraft Op ave reviewed this informati	perations Advise ion and am in agree	Signature - Vector Man			
Review – Aircraft Op ave reviewed this informati	perations Adviso	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Ve	ctor Manageme	nt Project Coordina	ator.
Review – Aircraft Op ave reviewed this informati	perations Advise ion and am in agree	Signature – Vector Man	ctor Manageme	nt Project Coordina	ator.
ave reviewed this informati	ion and am in agree	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
ave reviewed this informati	ion and am in agree	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
ave reviewed this informati	ion and am in agree	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
ave reviewed this informati	ion and am in agree	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
ave reviewed this informati	ion and am in agree	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.
Review – Aircraft Op ave reviewed this informati Reasons for Rejection	ion and am in agree	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Ve Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	ator.

-	applicators, l	nc.	rmation	lephone 717	7 227 1270			
	-ppca.015, 2		D. 16	stephone /1/	7-337-1370		Tune on mul	
c. Address			1.0:	. 0			Return com	it all information in ink. pleted and signed form to
1670 York Road			Getty	ty, State, and 2 sburg, PA 1732	25		the Vector N	Anagement Project  See Contract
e. Contractor's PA Departr	nent of Agri	culture pestici	de application b	usiness license	number: BU	2911	Specification	is for the name and
WU Business							address.	
2. Aircraft Owne	r Inform	nation						
a. Aircraft is (check one):								
Owned X subcontra	acted	or leased	by the spray	project contrac	tor			
b. Owner's Name		c. Address	Same as abo			and Zip Code	Same as ahove	e. Telephone 717-337-
Helicopter Applicators, Inc.					, , , , ,	, and any obtain	Suite as above	1370
3. Aircraft Descri	ption ar	nd Inform	nation					
a. Type of aircraft (check of	ne):		- 17				b. Qualified	under:
Spray fixed-wing	Spray heli	copter X	Observation f	ixed-wing	Observation I	eliconter	FAD Dort 13	35 X FAR Part 137 X
c. Aircraft:					. of engines:	e. FAA Numbe		ilt: g. Passenger capacity:
Make_Bell M	odel206_	Series	L3		1	N651HA	1986	
h. Registration certification		irworthiness		j. Cruising sp	peed:	k. Hours o		e since 100-hour inspection:
Yes X No	Yes	x	No	MPH 100	Knots	3		0
m. Major modifications:	None		210	IVILII 100	Kilots	3	Annua	l Inspection Due: 02/10/24
. Airframe								
a. Hours since new:	b. Used for	acrobatics:	c. Parking b	rakes:	d. Paint schem	e: Black and S	Silver	
8287.8	Yes		1					
	105		37	T. T.				
		No X	Yes	No X				
Fraince		No X	Yes	No X				,
		No X	Yes 1		2007 650	- T 61	7	,
a. Make and model:		No X	Yes	b. Horsepov	wer: 650	c. Type fuel	Jet A	d. Supercharger:
a. Make and model: Allison 250-C30P		No X		b. Horsepov				Yes No X
a. Make and model: Allison 250-C30P c. Hours since new:		No X	f. Hours since	b. Horsepov			Jet A us before next m	Yes No X
a. Make and model: Allison 250-C30P c. Hours since new:	Engine 2	No X	f. Hours since	b. Horsepov			us before next m	Yes No X
e. Hours since new: Engine 1 19589.3		No X	f. Hours since	b. Horsepov	ıl:	g. Hou	us before next m	Yes No X ajor overhaul:
a. Make and model:  Allison 250-C30P c. Hours since new: Engine 1 19589.3  Propellers		No X	f. Hours since	b. Horsepov	ıl:	g. Hou	us before next m	Yes No X ajor overhaul:
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 19589.3  Propellers a. Hours since overhaul:			f. Hours since	b. Horsepov	ıl:	g. Hou	us before next m	Yes No X ajor overhaul:
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 19589.3  Propellers a. Hours since overhaul:	Engine 2		f. Hours since Engine I 1	b. Horsepov	ıl:	g. Hou	us before next m	Yes No X ajor overhaul:
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 19589.3  Propellers a. Hours since overhaul: Nu	Engine 2_mmber 1N	/A N	f. Hours since Engine I 1	b. Horsepov	ıl:	g. Hou	us before next m	Yes No X ajor overhaul:
a. Make and model: Allison 250-C30P b. Hours since new: Engine 1 19589.3 Propellers b. Hours since overhaul: Nu	Engine 2_mmber 1N	/A N	f. Hours since Engine I 1	b. Horsepov	al: Engine 2	g. Hot Engine	us before next m	Yes No X ajor overhaul:
a. Make and model: Allison 250-C30P c. Hours since new: Engine 1 19589.3 Propellers a. Hours since overhaul: Nu	Engine 2_mmber 1N	/A N	f. Hours since Engine I 1	b. Horsepov	ıl:	g. Hot Engine	us before next m	Yes No X ajor overhaul:
a. Make and model:  Allison 250-C30P c. Hours since new:  Engine 1 19589.3  Propellers a. Hours since overhaul:  Nu  Helicopter Com b. Hours since new:  Main rotor 1271.6	Engine 2  mber 1N  ponents  Tail rotor	/A N	f. Hours since Engine I 1	b. Horsepov major overhau 314.7 E	al: Engine 2  . Hours since ov	g. Hou Engine	us before next m e 1 O/C	Yes No X ajor overhaul:
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 19589.3  Propellers a. Hours since overhaul:	Engine 2  mber 1N  ponents  Tail rotor	/A N	f. Hours since Engine 1 1	b. Horsepov major overhau 314.7 E	al: Engine 2	g. Hou Engine	us before next m e 1 O/C	Yes No X ajor overhaul: Engine 2
a. Make and model:  Allison 250-C30P e. Hours since new:  Engine 1 19589.3  Propellers a. Hours since overhaul:  Nu  Helicopter Com a. Hours since new:  Main rotor 1271.6 b. Hours before next overhaul	Engine 2  Engine 2  Engine 2  Ponents  Tail rotor	/A N	f. Hours since Engine 1 1	b. Horsepov	al: Engine 2  . Hours since ov	g. Hou Engine	us before next m e 1 O/C  1106.9 T is:	Yes No X ajor overhaul: Engine 2  'ransmission 2415.0

					1							
8. Instruments					1							
a. Fuel quantity:	b. Stall w	arning:	c. Airs	peed:	d.	Clock:		e.	Compass	·	f To	m and bank:
Yes X No	Yes	No X	Vec V	C No	72.	_ 37					- 1	
g. Directional gyro:		al horizon:	i. Altir			S X Rate of c	No limb indica	Ye Ye	s_X	No	Yes	X No
Yes X No	Yes X	No	37	W NI.								
232 31 210	103 A	NO	Yes	X No	Ye	s X	No					
9. Condition												
a. Glass:		b. Fabric										
		o. Paulic,			C.	Tires: 1	V/A			d. Paint:		
Good X Fair e. Seat belts:	Poor	Good X		Poor	Go	od	Fair	Poor		Good X	Fair	Poor
o. Scat bons.		f. Should	er harness:		g.	Cabin;				h. Cockpi	it:	
Good X Fair	Poor	Good X	Fair	Poor	Go	od X	Fair	Poor		Good X	Fair	Poor
											2 444	1001
10. Emergency Ed	uipmen	t										
a. First aid kit:		Engine fire	xtinguisher	: c.	. Cabin fire	extingui	isher:					
Yes X No						_						
103 A 110	1	es	No_X	Y	es X	No						
44 777												
11. Electrical Syst												
a. Volts 28	b.	Auxiliary Po	wer Unit:	C.	H/D batter	y:		d. A	mmeter:			
	Ye	S	No X	Ye	es X	No		Yes	x	No		
										110		
12. Lights												
a. Rotating beacon:	b. Landing:		c. Cocky	oit	d. N	avigation	n:	e. Of	her (spec	rifu):		
Yes X No	V., V	Nt.						" "	ioi (spec	y).		
163 X 140	Yes X	No	Yes X	No	Yes	X 1	40	-				
13. Radios and Gu	iidance l											
a. VHF system installed as	specified:	t	. FM radio	installed as	specified;		c. S	Selector s	witch for	r simo-mon	itoring of	VHF and FM
Yes X	No		Yes	X N	lo.			v	es X	N	'n	
d. Loran-C guidance system	m installed;	е		ance system			f. E		installed		0	
Yes No _X			Ves	_X N	Jo		Vac	v	Make/M	fadal		
			100_	_^ ``				AgNav		Guia.		
14. Spray System												
a. STCs or 337s for all con	nponents:	b. Total tani	c capacity:	c. Emerge	ency dump	system:	d. Open	rating los	ad capaci	tv: e	Spray syst	em make-
Yes X No								_	•			on make.
f. Nozzles:		160	gallons	Yes X	No_	-		130	gall g. Electr	ons   Sin	nplex netering sy	/stem*

a STCs or 337s for a	all components:	b. Total tanl	c capacity:	c. Emerge	ency dump system:	d. Operating	load capacity:	e. Spray system make:
Yes X No	)	160	gallons	Yes X	No	130	gallons	Simplex
f. Nozzles: -If Hydraulic:	Туре		Size				g. Electronic : Yes _X	flow-metering system:
-If Rotary atomizer:	Make		Model				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			

5. Pilots Authorized to  Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical	FAA Licens
				Date	Number
. Certification					
certify that the information of	ontained herein is	a converte			
	4				
Kirk Martin	LaMos	Secretary/Treasurer		02/08/2	3
Signature - Contractor		Title		Da	
have reviewed the information	n provided. Based	ct Coordinator (For DEP upon that review, my determina- ctor Management insect suppres	ation of the aircr	raft's compliance w	ith the
Meets requirements;			sion program of	ontract specification	is is as 10110ws
Does not meet require	ments If rejected	see explanation below.			
Boos not moot require.	nonis. Il rejected,	see explanation below.			
		0.00			
		Signature - Vector Man	agement Project	t Coordinator	Date
Review – Aircraft Ope	erations Advis	or (For DEP Use Only)			
have reviewed this information	n and am in agree	ment with the decision of the Vo	ector Manageme	ent Project Coordina	ator
	· ·			and a region of our and	
		0:			
		Signature - Aircraft Op	erations Advisor	r Da	te
. Reasons for Rejection	(For DEP Use	Only)			

a. Name Helicopter	t Contracto	1 IUIUI						
	гррпоають, mo.		b. Te	elephone 717	7-337-1370		Type or sei	nt all information to
c. Address			d. Cit	ty, State, and 2	in Code		- Return com	nt all information in ink. pleted and signed form to
1670 York Road			Getty	sburg, PA 173	25		the Vector 1	Management Project r. See Contract
e. Contractor's PA Depar	tment of Agricult	ure pesticid	le application by	usiness license	number: BU2	911	Specificatio	ns for the name and
W Business							address.	
2 4:	~ _							
<ol> <li>Aircraft Own</li> <li>Aircraft is (check one):</li> </ol>	er Informa	tion						
Owned X subcont	racted or 1	eased	towas i wasser	5 540				
b. Owner's Name		Address	Same as above	project contrac		and Zin Cod	le Same as above	a Talantan Electric
Helicopter Applicators, In	с.				a. Only, orate,	and Zip Cou	ic Same as above	e. Telephone 717-337- 1370
3. Aircraft Descr	rintion and	T., C	-4:					
<ol> <li>Aircraft Desci a. Type of aircraft (check</li> </ol>	one):	miorm	lation				b. Qualified	Id
Spray fixed-wing	Spray helicopt	V	Ot					
c. Aircraft:	Spray nericopi	er A	Observation fi		Observation h	elicopter e. FAA Nur	mber: f. Year bu	35 X FAR Part 137 X
Make Bell	Model206	Series _	T.4	4, 110	. Or originos.			tilt: g. Passenger capacity:
h. Registration certification			ertification	j. Cruising s	need:	N652	The state of the s	6
Yes X No								e since 100-hour inspection:
m. Major modifications:	None Yes 3	1	No	MPH 100	Knots	3	Аппи	al Inspection Due: 04/01/24
. Airframe								
a. Hours since new:	h Tiesd Co.	* 4						
	b. Used for acro	obatics:	c. Parking br	rakes:	d. Paint scheme	e: Light Gr	ray/Orange/White	
					d. Paint scheme	e: Light Gr	ray/Orange/White	
	_			rakes: No X	d. Paint scheme	e: Light Gr	ray/Orange/White	
6947.0 5. Engines					d. Paint scheme	e: Light Gr	ray/Orange/White	
6947.0 5. Engines						c. Type fu		d. Supercharger:
6947.0 5. Engines				No X				d. Supercharger:
6. Engines a. Make and model: Allison 250-C30P		x		b. Horsepov	wer: 650	c. Type fu	el: Jet A	Yes No X
5. Engines a. Make and model: Allison 250-C30P e. Hours since new:		X	Yes N	b. Horsepov	wer: 650	c. Type fu		Yes No X
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 6947.0	Yes No	X	Yes N	b. Horsepov	wer: 650	c. Type fu	el : Jet A	Yes No X najor overhaul:
Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 6947.0  Propellers	Yes No	X	Yes N	b. Horsepov	wer: 650	c. Type fu	el : Jet A	Yes No X najor overhaul:
Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 6947.0  Propellers a. Hours since overhaul:	Yes No Engine 2	X	Yes N  f. Hours since Engine 1 94	b. Horsepov	wer: 650	c. Type fu	el : Jet A	Yes No X najor overhaul:
Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 6947.0  Propellers a. Hours since overhaul:	Yes No	X	Yes N  f. Hours since Engine 1 94	b. Horsepov	wer: 650	c. Type fu	el : Jet A	Yes No X najor overhaul:
Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 6947.0  Propellers a. Hours since overhaul: N	Yes No Engine 2	X	Yes N  f. Hours since Engine 1 94	b. Horsepov	wer: 650	c. Type fu	el : Jet A	Yes No X najor overhaul:
6947.0  Engines  a. Make and model: Allison 250-C30P  e. Hours since new: Engine 1 6947.0  Propellers  a. Hours since overhaul: N  Helicopter Con	Yes No Engine 2	X	Yes N  f. Hours since Engine 1 94	b. Horsepov	ver: 650 d:	c. Type fu	el : Jet A	Yes No X najor overhaul:
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 6947.0  Propellers a. Hours since overhaul: N  Helicopter Con a. Hours since new:	Yes No Engine 2  Tumber 1N/A_  aponents	X Nu	f. Hours since Engine 1 94	b. Horsepov	ver: 650  I: gine 2  Hours since ove	c. Type fu g. F Eng	el: Jet A  Hours before next m	Yes No X najor overhaul: Engine 2
5. Engines a. Make and model; Allison 250-C30P e. Hours since new: Engine 1 6947.0  Propellers a. Hours since overhaul; N  Helicopter Con a. Hours since new: Main rotor 433.8	Yes No  Engine 2  fumber 1 _ N/A _  nponents  Tail rotor 433.8	X Nu	Yes N  f. Hours since Engine 1 94	b. Horsepov	ver: 650  I: gine 2  Hours since ove	c. Type fu g. F Eng	el: Jet A  Hours before next m gine 1 O/C	Yes No X najor overhaul: Engine 2
5. Engines a. Make and model: Allison 250-C30P e. Hours since new: Engine 1 6947.0  Propellers a. Hours since overhaul: N  Helicopter Con a. Hours since new: Main rotor 433.8 c. Hours before next overhaul	Yes No  Engine 2  fumber 1 _ N/A _  nponents  Tail rotor 433.8	Nu Nu	f. Hours since Engine 1 94  umber 2	b. Horsepov major overhau 47.8 En	ver: 650  I: gine 2  Hours since ove	c. Type fu g. F Eng	el: Jet A  Fours before next m  gine 1 O/C  r 433.8 Tra  Skids:	Yes No X najor overhaul: Engine 2

8. Instruments					1							
a. Fuel quantity:	b. Stall wa	rning:	c. Airspeed;		d. Clock:			e. Comp	ass:		f Turn	and bank:
Yes X No	Yes	No X	Yes X	No	V V	27	- 10			1	ı. ıuın	and bank:
g. Directional gyro:	h. Artificia		i. Altimeter:	NO	j. Rate of c	limb	indicator	Yes X	No		Yes X	No
Yes X No	Yes X	No	Yes X No		Yes X		No					
9. Condition												
a. Glass:		b. Fabric:			c. Tires: N	7/A						
Good X Fair	n <sub>oo</sub>				c. Thes. I	VA.			d. F	Paint:		
e. Seat beits:	Poor	f. Shoulder h	Fair Po	OT	Good	Fair	r Pos	or	Goo	d X	Fair	Poor
Coul W m.					g. Cabin:				h. C	Cockpit:		
Good X Fair	Poor	Good X	Fair Po	or	Good X	Fai	r Po	or	Goo	d X F	air	Poor
0. Emergency F	quipment	t										
a. First aid kit:	b. 1	Engine fire exti	nguisher:	c. Ca	bin fire extinguis	sher:						
Yes X No	Ye	e M	х									
	10	5 IV(	) X	Yes	X No	_						
1. Electrical Sys	stem											
. Volts 28		Auxiliary Powe	t Unit:	c. H/I	D battery:		d	Ammet	h-p-1			
	Van		.,				۵.	rumnet				
	Yes	No	X	Yes	X No		Ye	es X	N	o		
2. Lights												
a. Rotating beacon:	b. Landing:		c. Cockpit		d. Navigation	:	l e.	Other (s	ecify)			
Yes X No	Yes X	No s	Yes X No		V V .		1					
		1.0	103 % 140	-	Yes X N	0						
3. Radios and G	uidance E	quipmen	t									
. VHF system installed	as specified:		M radio installe	d as spec	oified:		c. Selecto	or switch	for simo	-monitorir	g of VI	IF and FM:
Yes X	No		Yes X	No								
. Loran-C guidance syst	em installed:	e. G	PS guidance sy		alled:		f. ETGAI	Yes X RS install		No		
Yes No _2	Y					- 1						
102			YesX	No_			Yes _X_ AgNav		Model Guia			
							1 451 161		Guia			
. Spray System												
STCs or 337s for all co	omponents: b	. Total tank ca	pacity: c. En	nergency	dump system:	d.	Operating	load cans	city-	e. Spray	r mretam	malan
Yes X No						<u> </u>	Operating.	road bapa	city.	e. Spray	system	make:
Nozzles:		160 g	allons Yes	X	No		130		llons	Simplex		
f Hydraulic: Ty	pe	Siz	e					g. Elo Yes_7	otronic f	low-meteri	ing syste	:m:
f Rotary atomizer: Ma	ike	14	del									
- IVI		Mi	odel			_		Make/	Model	Crophawl	k /	
. Pilots Authori	zed to Fly	Describe	d Aircraft									
		otal Flight				1			TOAA	Madiani	303.4	A T /: :
Name		Hours	Specia	l Qual	ifications		Rating	g		Medical Pate		A Licens
						1				alt	1	Number
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SEE PILOT SHEETS

Name	Total Flight Hours	Aircraft: (continued) Special Qualifications	Rating	FAA Medical Date	FAA Licens Number
					1 (dilipei
Certification					
tify that the information c	contained herein is	o o on and a			
	ontained nerein is	10_			
Kirk Martin_ Signature – Contractor	rap	Secretary/Treasurer		02/08/23	3
Office Contractor		Title		Dar	te
eview – Vector Mon	agam out Ducie	-4.C			
e reviewed the information	n provided Raced	ct Coordinator (For DEP upon that review, my determina	·	oft's committee	41. 41.
rements for aircraft as set	forth in DEP's Ve	ctor Management insect suppress	tion of the anti-	atts compliance wi ntract specification	tn tne s is as follows:
					- 10 110 10110 170,
Meets requirements:					
Meets requirements;					
	ments. If rejected,	see explanation below.			
	ments. If rejected,	see explanation below.			
	ments. If rejected,		gement Project	Coordinator	Date
Does not meet require		Signature - Vector Mana	gement Project	Coordinator	Date
Does not meet require	erations Adviso	Signature – Vector Mana			
_ Does not meet require	erations Adviso				
Does not meet requirer	erations Adviso	Signature – Vector Mana			
_ Does not meet require	erations Adviso	Signature – Vector Mana	ctor Manageme	nt Project Coordina	tor.
Does not meet requirer  Review – Aircraft Ope	erations Advison and am in agreen	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Vec Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	tor.
Does not meet required  Leview – Aircraft Operation	erations Advison and am in agreen	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Vec Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	tor.
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Does not meet required  Review — Aircraft Operation	erations Advison and am in agreen	Signature – Vector Mana or (For DEP Use Only) ment with the decision of the Vec Signature – Aircraft Ope	ctor Manageme	nt Project Coordina	tor.

### 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.



# **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 AGRIGULTURAL 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.

Certificate number: NDBG684G

Effective date: February 2, 1999

Issued at: EA13, Harrisburg, PA

LARRY C. KREIDER

(Signature)

Manager, AEA-FSDO-13

FAA Form 8430-21 (6-87)