



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

<b>Proc Folder:</b> 1181023 <b>Doc Description:</b> LYMANTRIA DISPAR (GYPSY MOTH) AERIAL SUPPRESSION <b>Proc Type:</b> Central Master Agreement			<b>Reason for Modification:</b>
<b>Date Issued</b> 2023-02-17	<b>Solicitation Closes</b> 2023-03-09 13:30	<b>Solicitation No</b> CRFQ 1400 AGR2300000018	

**BID RECEIVING LOCATION**

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

03/03/23 09:43:03  
 WV Purchasing Division

**VENDOR**

Vendor Customer Code: 000000193014  
 Vendor Name : Helicopter Applicators, Inc.  
 Address :  
 Street : 1670 York Rd.  
 City : Gettysburg  
 State : PA Country : USA Zip : 17325  
 Principal Contact : Kirk 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 *[Signature]* FEIN# 52-1005852 DATE 2/28/23

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

**ADDITIONAL INFORMATION**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF AGRICULTURE, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR LYMANTRIA DISPAR (GYPSY MOTH) AERIAL SUPPRESSION PER THE ATTACHED DOCUMENTS.

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

INVOICE TO		SHIP TO	
AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E  CHARLESTON WV US		AGRICULTURE DEPARTMENT OF PLANT INDUSTRIES DIVISION 275 GUS R DOUGLAS LN, BLDG 6 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Mimic 2LV or Equal	397.00000	ACRE	<i>See Exhibit A</i>	

Comm Code	Manufacturer	Specification	Model #
70151502			

**Extended Description:**

Applied at 5fl. oz. per acre, mixed with water for final application rate of .75GPA (96OZ)

INVOICE TO		SHIP TO	
AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E  CHARLESTON WV US		AGRICULTURE DEPARTMENT OF PLANT INDUSTRIES DIVISION 275 GUS R DOUGLAS LN, BLDG 6 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	BTK Foray 76B or Equal - 25.3 CLU	1.00000	ACRE	<i>See Exhibit A</i>	

Comm Code	Manufacturer	Specification	Model #
70151502			

**Extended Description:**

undiluted spray volume of 1/3 of a gallon per acre

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AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E		AGRICULTURE DEPARTMENT OF PLANT INDUSTRIES DIVISION 275 GUS R DOUGLAS LN, BLDG 6	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	BTK Foray 48B or Equal - 24 CLU	2284.00000	ACRE	<i>See Exhibit A</i>	

Comm Code	Manufacturer	Specification	Model #
70151502			

**Extended Description:**

undiluted spray volume of 1/2 of a gallon (64 ounces) per acre

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AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E		AGRICULTURE DEPARTMENT OF PLANT INDUSTRIES DIVISION 275 GUS R DOUGLAS LN, BLDG 6	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Gypchek/Gypchek Carrier or Equal	1.00000	ACRE	<i>See Exhibit A</i>	

Comm Code	Manufacturer	Specification	Model #
70151502			

**Extended Description:**

(Gypchek will be provided by USDA-FS) 1/2 gallon per acre, Dose is 2X1011 OB/acre/appl for each of 2 applications. contractor is responsible for purchasing carrier. Current Carrier mix is 75% water, 25% molasses, 25% sticker (e.g., Tactic manufactured by Loveland Industries) or Equal.

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2023-02-24

	Document Phase	Document Description	Page
AGR2300000018	Final	LYMANTRIA DISPAR (GYPSY MOTH) AERIAL SUPPRESSION	4

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



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State of West Virginia  
 Centralized Request for Quote  
 Agricultural

Proc Folder: 1181023		Reason for Modification:	
Doc Description: LYMANTRIA DISPAR (GYPSY MOTH) AERIAL SUPPRESSION		ADDENDUM 1 TO PROVIDE ANSWERS TO VENDOR QUESTIONS	
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2023-02-24	2023-03-09 13:30	CRFQ 1400 AGR2300000018	2

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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



**SOLICITATION NUMBER: CRFQ AGR2300000018**  
**Addendum Number: 1**

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The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

1. To provide answers to vendor questions

No other changes

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

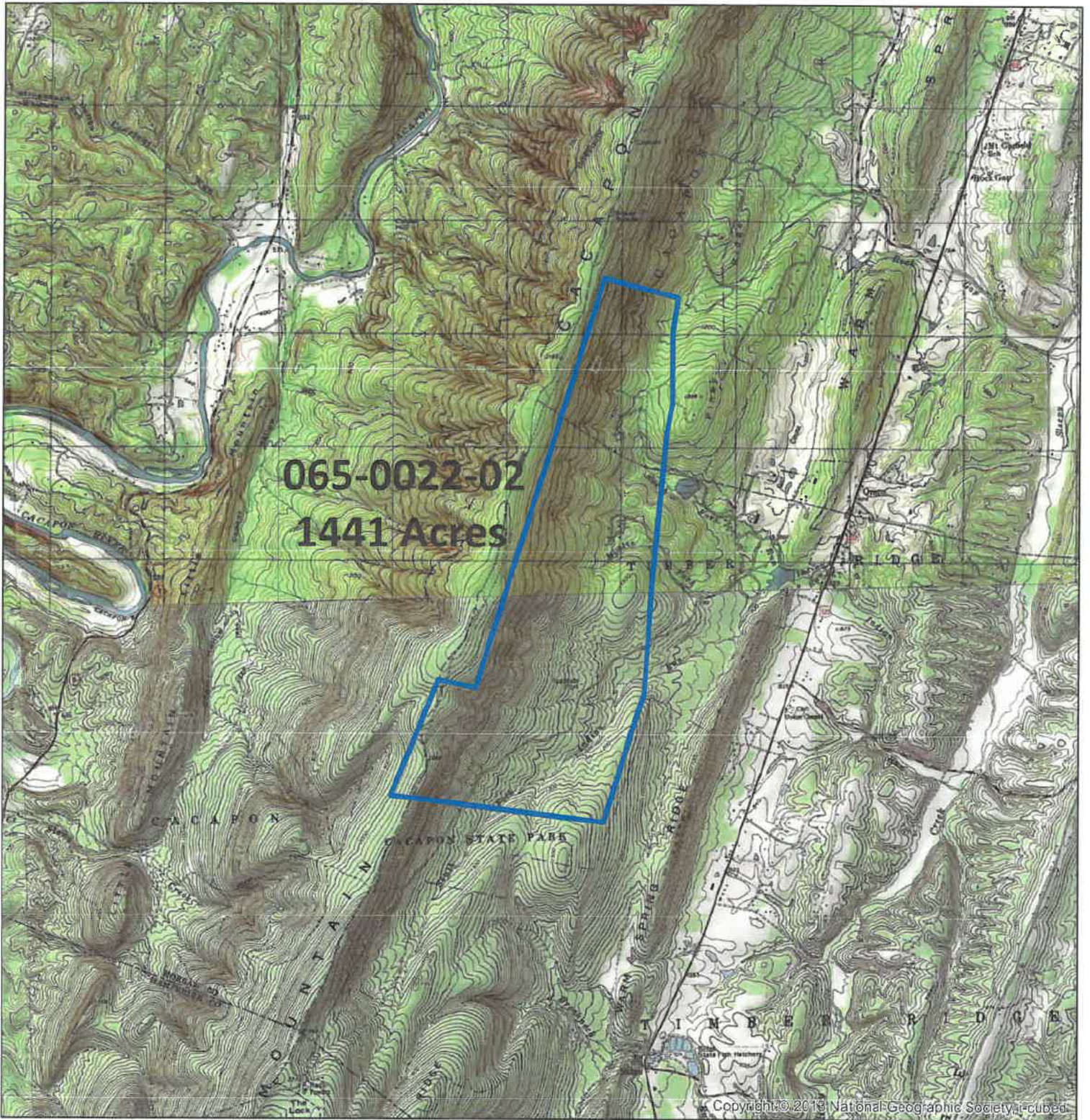
**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

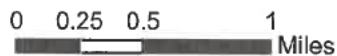
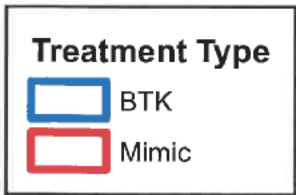
# ATTACHMENT A

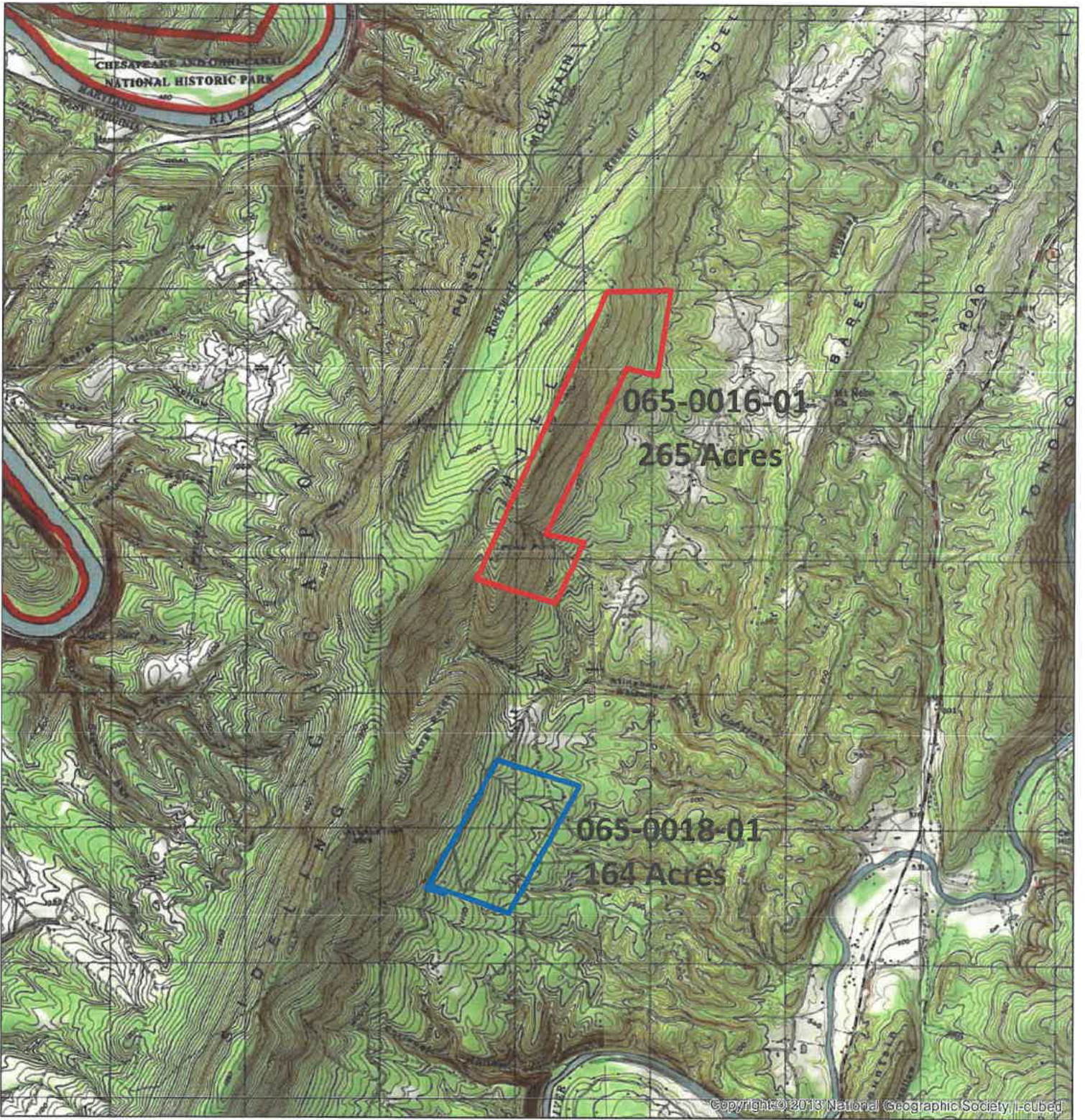
**CRFQ AGR2300000018**  
**Addendum 1**  
**Answers to Vendor Questions**

- Q1.** Where can I get a download of the treatment blocks in a .shp or .KML file?  
AGR2300000018 Lymantria Dispar Solicitation.
- A1.** Due to system limitations, .shp or KML files cannot be uploaded in WVOasis. Copies of treatment blocks have been provided in PDF format with this addendum.
- Q2.** Please explain why helicopters can use multiple loading sites and fixed wing aircraft can't.
- A2.** For fixed wing, we work from an airport or approved landing strip that is close to the treatment blocks. This year our treatment blocks are in one area so the base operations will be from one location for fixed wing. If the contract is extended and there are treatment areas in different parts of the state, we would use an airport or approved landing strip close to the blocks. It is not uncommon in large treatment programs for us to use multiple airports or approved landing areas.





## West Virginia Department of Agriculture 2023 LDCS Proposed Treatments

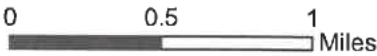


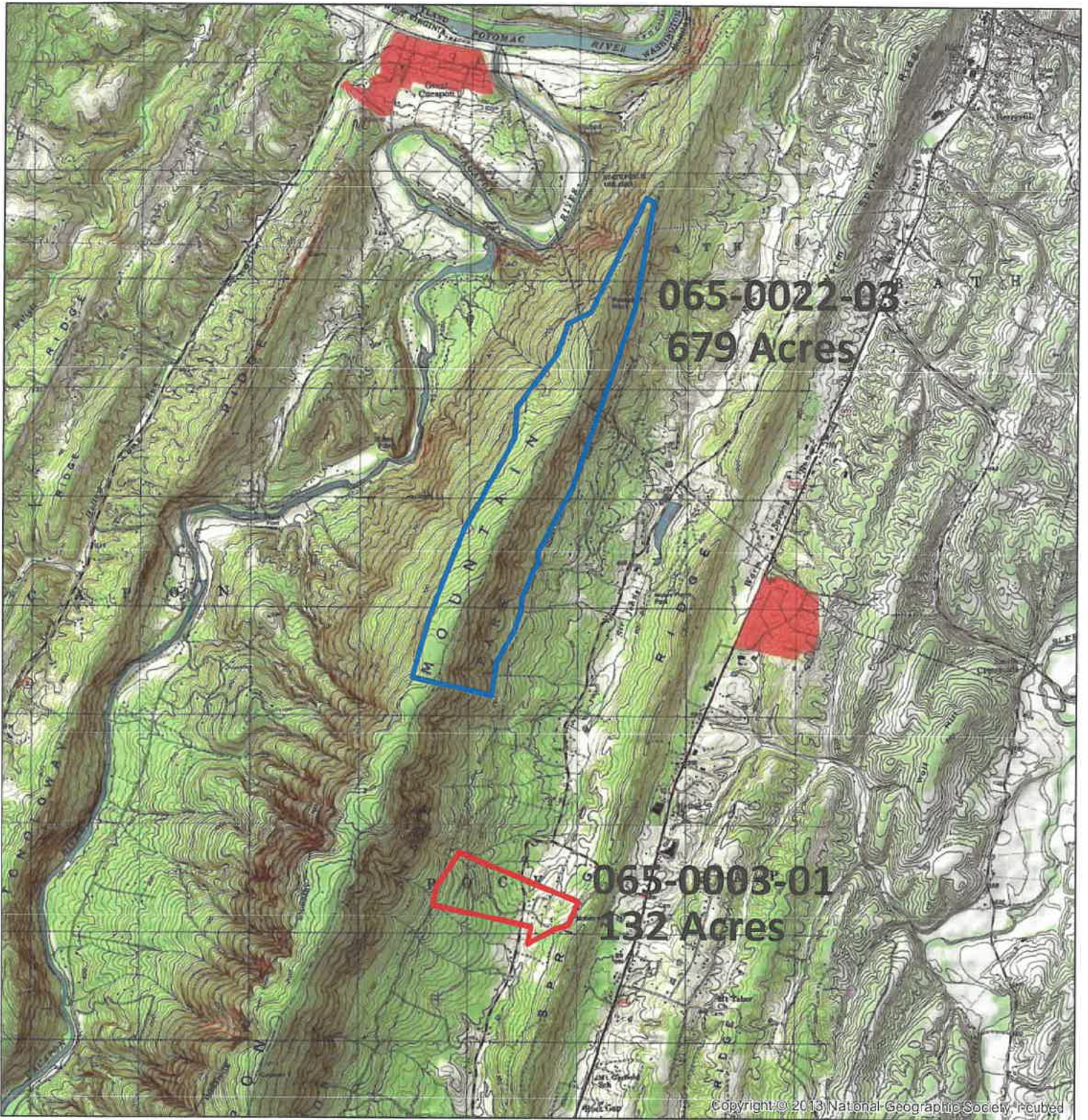


### West Virginia Department of Agriculture 2023 LDCS Proposed Treatments

**Treatment Type**

-  BTK
-  Mimic





## West Virginia Department of Agriculture 2023 LDCS Proposed Treatments

### Treatment Type

 BTK

 Mimic

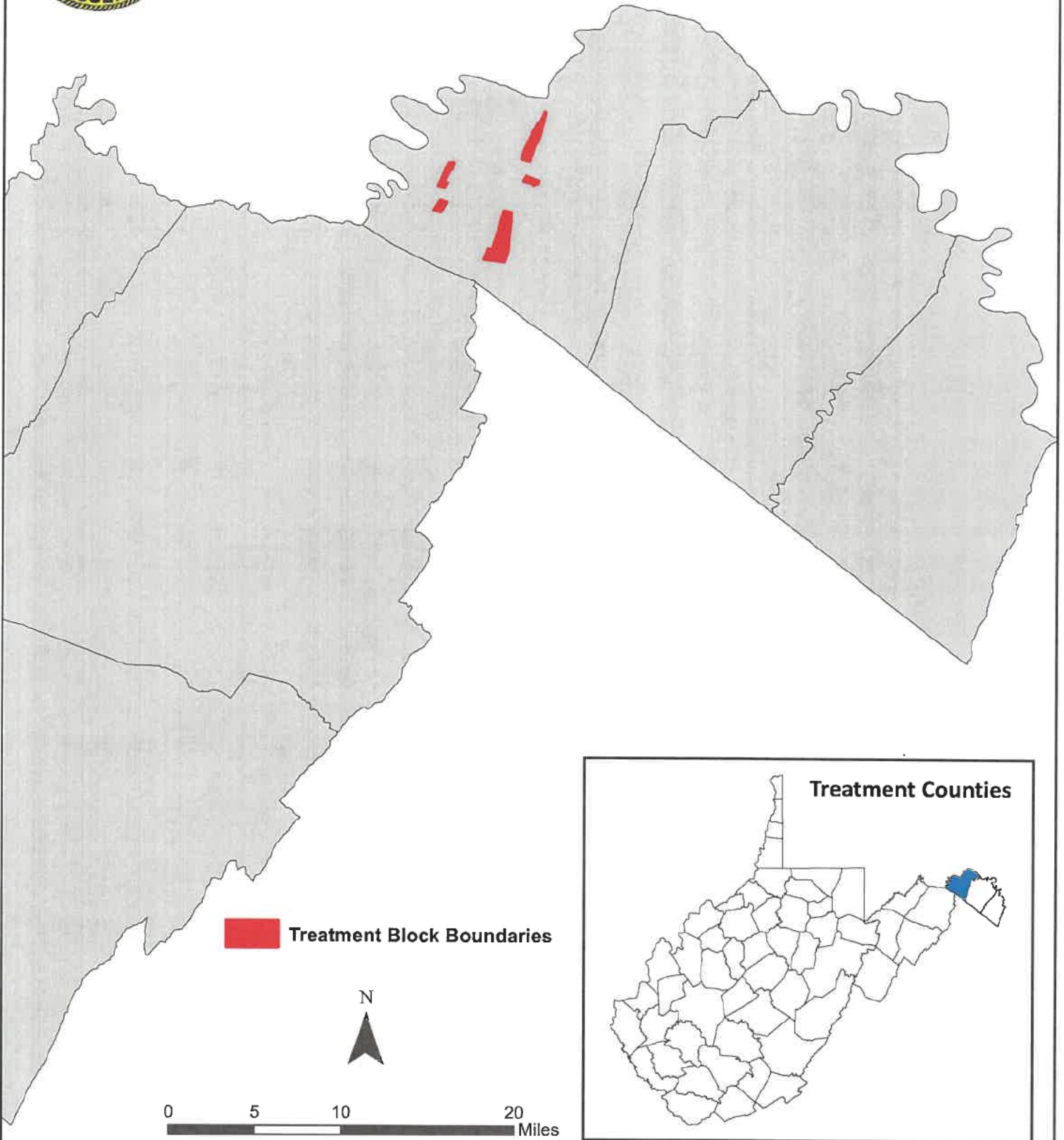


0 0.5 1  
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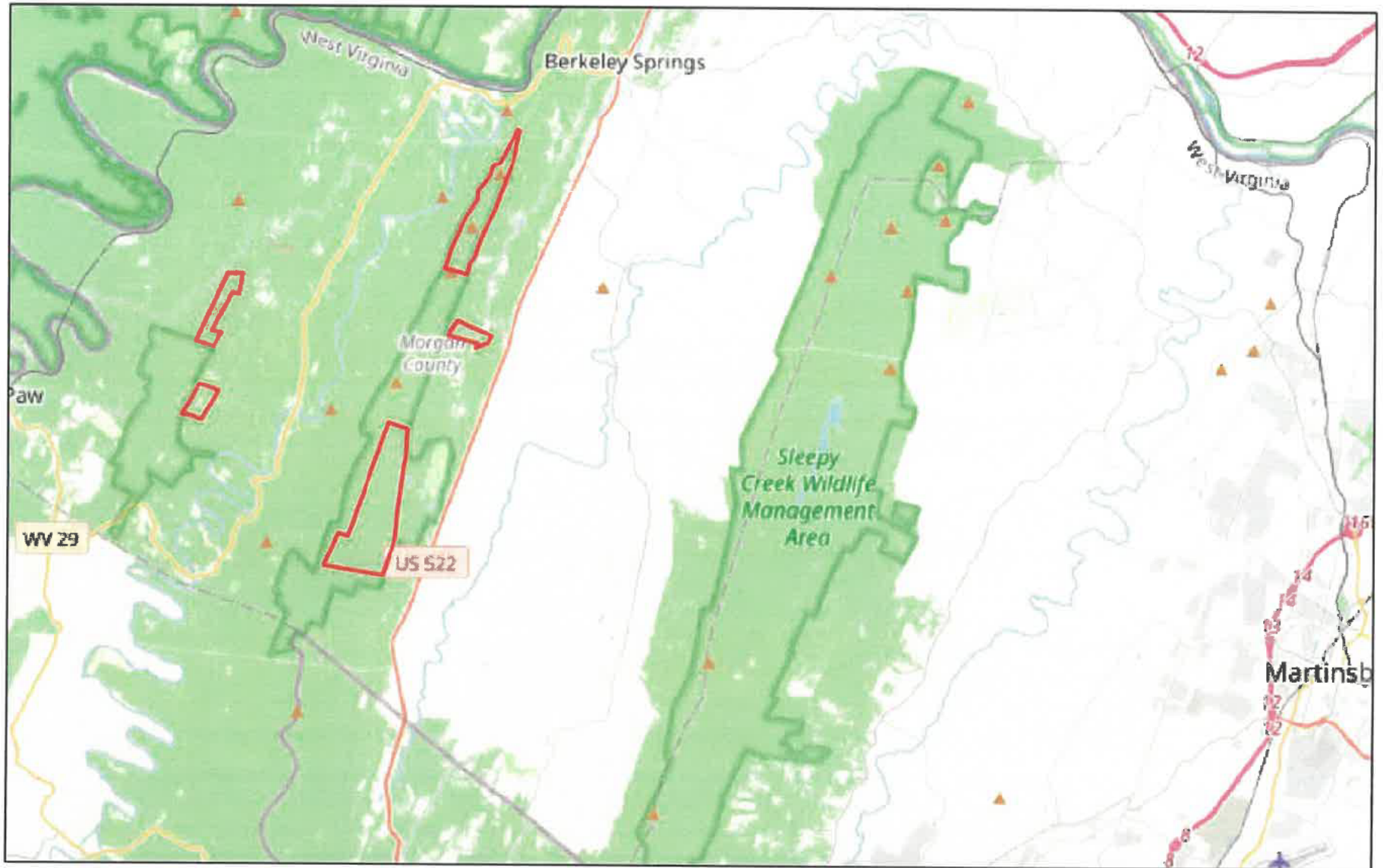




# West Virginia Department of Agriculture 2023 *Lymantria dispar* Cooperative Suppression Program

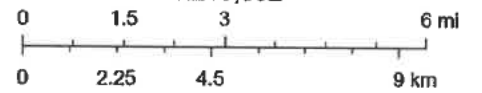


# LDCS Treatment Areas



2/7/2023

1:219,802



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

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

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

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

(Email address) Kmartin@helicopterapplicators.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

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

Helicopter Applicators, Inc.  
(Company)

K A M  
(Signature of Authorized Representative)

Kirk A. Martin, Secretary/Treasurer 2/28/23  
(Printed Name and Title of Authorized Representative) (Date)

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

Kmartin@helicopterapplicators.com  
(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: CRFQ AGR230000018

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

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

Addendum Numbers Received:

*(Check the box next to each addendum received)*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

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

Helicopter Applicators, Inc.  
Company

*NAME*  
Authorized Signature

3/1/23  
Date

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

**REQUEST FOR QUOTATION**  
**CRFQ AGR230000018**  
**Lymantria dispar Aerial Suppression**

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7.2 The following remedies shall be available to Agency upon default.

7.2.1 Immediate cancellation of the Contract.

7.2.2 Immediate cancellation of one or more release orders issued under this Contract.

7.2.3 Any other remedies available in law or equity.

**8. MISCELLANEOUS:**

**8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.

**8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.

**8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

**8.4 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Kirk A. Martin  
Telephone Number: 717-337-1370  
Fax Number: 717-337-1527  
Email Address: Kmartin@helicopteraapplicators.com

► Will complete if awarded bid

**ATTACHMENT 1. SPRAY AIRCRAFT PILOT APPROVAL FORM**

**1. Personal Information**

a. Name (Last, First, Middle initial)	b. Home Telephone	Type or print all information in ink. <u>Complete resume below.</u> After award successful Vendor must return completed and signed form to the Project Coordinator.
c. Home Address	d. City, State, and Zip Code	
e. WV Pesticide Applicator's License Number:		

**2. Emergency Contact**

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

a. Name of employer	b. Address, City, State, Zip Code	c. Is employer: Primary contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/>
d. Is employment: Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/>	e. Employer's WV Department of Agriculture's pesticide application business license number:	

**4. Airman Certificate Information**

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

a. Classification	b. Date of current medical certificate	c. Limitations
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**6. Experience/Training/Proficiency**

a. Flight Experience as Pilot-In-Command (Hours)	Total	Past 12 Months	b. Has any previous approval been denied, suspended, or revoked in West Virginia or on any state, federal, or other program? Yes <input type="checkbox"/> (explain on reverse) No <input type="checkbox"/>
All aircraft (2,000 hours required)			c. List any related schools or training sessions attended within the last three years (if none, check here <input type="checkbox"/>
Aerial Application/Agriculture flight time (1000 hours required)			
Night flying (100 hours required)			
Cross Country (500 hours required)			
Type (rotary or fixed-wing) to be flown on project (200 hours required)			
Category and Weight Class to be flown on project (200 hours required)			
Make, model, and series to be flown on project (50 hours required)			
Forest pesticide application in terrain typical of project area (100 hours required)			d. Have you had any aircraft accidents within the past three years? Yes <input type="checkbox"/> (explain on reverse) No <input type="checkbox"/>
e. Are you proficient in reading and navigating with 7.5-minute quadrangle and other scale topographic maps? Yes <input type="checkbox"/> No <input type="checkbox"/>	f. Are you proficient in the use and operation of the aircraft's electronic tracking and guidance systems? SATLOC (Yes <input type="checkbox"/> No <input type="checkbox"/> ); AgNav (Yes <input type="checkbox"/> No <input type="checkbox"/> ) Number of hours flown with either in past 12 months: _____		

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

Year	Agency/Location	Contact Person*	Aircraft	Pest

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

**8. Certification**

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

\_\_\_\_\_  
Signature of Pilot Applicant                      Date                      \_\_\_\_\_  
Attested to by Employer                      Date

**9. Review- Field Project Coordinator**

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 the \_\_\_\_\_ forest insect pest's suppression program contract specifications is as follows:  
\_\_\_\_\_ meets requirements; \_\_\_\_\_ does not meet requirements. If rejected, see explanation below.

\_\_\_\_\_  
Signature – Field Project Coordinator                      Date

**10. Review – Aircraft Operations Advisor**

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 West Virginia or on any state, federal, or other program.**


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


**8. Reason(s) for rejection.**


→ Will complete if awarded bid

**ATTACHMENT 2. AIRCRAFT DESCRIPTION FORM**

**1. Spray Project Contractor Information**

a. Name	b. Telephone	Type or print all information in ink. After Award, Successful Vendor must return completed and signed form to the Project Coordinator
c. Address	d. City, State, and Zip	
e. Contractor's West Virginia Department of Agriculture Pesticide Application Business License No.		

**2. Aircraft Owner Information**

a. Aircraft is (check one): owned _____, subcontracted _____, leased _____, by spray project contractor			
b. Owner's Name	c. Address	d. City, State and Zip code	e. Telephone

**3. Aircraft Description and Information**

a. Type of aircraft (check one): Spray Fixed Wing _____, Spray Helicopter _____, Observation Fixed Wing _____, Observation Helicopter _____			b. Qualified under: FAR Part 135 _____ FAR Part 137 _____		
c. Aircraft: Make _____ Model _____ Series _____		d. Number of Engines	e. FAA Number N _____	f. Year Built	g. Passenger Capacity
h. Registration Certification Yes _____ No _____	i. Airworthiness Certification Yes _____ No _____	j. Cruising Speed MPH _____ Knots _____		k. Hours of Fuel	l. Time Since 100-hour inspection
m. Registration category			n. Major Modifications		

**4. Airframe**

a. Hours Since New	c. Used for Aerobatics: Yes _____ No _____	d. Parking Brakes: Yes _____ No _____	e. Paint Scheme
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**5. Engines:**

a. Make and Model	b. Horsepower	c. Type Fuel	d. Supercharger Yes _____ No _____
e. Hours Since New: Number 1 _____ Number 2 _____	f. Hours since Major Overhaul: Number 1 _____ Number 2 _____	g. Hours Before Next Major Overhaul: Number 1 _____ Number 2 _____	

**6. Propellers**

Hours Since Overhaul: Number 1 _____ Number 2 _____
--

**7. Helicopter Components**

a. Hours Since New Main Rotor _____ Tail Rotor _____ Transmission _____		b. Hours Since Overhaul Main Rotor _____ Tail Rotor _____ Transmission _____		
c. Hours Before Next Overhaul: Main Rotor _____ Tail Rotor _____ Transmission _____		d. Drop Stops: Yes _____ No _____	e. Skids: Yes _____ No _____	f. Rotor Brakes: Yes _____ No _____
g. Other (Specify)				

**8. Instruments**

a. Fuel Quantity: Yes _____ No _____	b. Stall Warning: Yes _____ No _____	c. Airspeed: Yes _____ No _____	d. Clock: Yes _____ No _____	e. Compass: Yes _____ No _____	f. Turn and Bank: Yes _____ No _____
g. Directional Gyro: Yes _____ No _____	h. Artificial Horizon: Yes _____ No _____	i. Altimeter: Yes _____ No _____		j. Rate of Climb Indicator: Yes _____ No _____	

**9. Conditions**

a. Glass: Good _____ Fair _____ Poor _____	b. Fabric: Good _____ Fair _____ Poor _____	c. Tires: Good _____ Fair _____ Poor _____	d. Paint: Good _____ Fair _____ Poor _____
e. Seat Belts: Good _____ Fair _____ Poor _____	f. Shoulder Harness: Good _____ Fair _____ Poor _____	g. Cabin: Good _____ Fair _____ Poor _____	h. Cockpit: Good _____ Fair _____ Poor _____

**10. Emergency Equipment**

a. First Aid Kit: Yes _____ No _____	b. Engine Fire Extinguisher: Yes _____ No _____	c. Cabin Fire Extinguisher: Yes _____ No _____
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**11. Electrical System**

a. Volts	b. Auxiliary Power Unit: Yes _____ No _____	c. H/D Battery: Yes _____ No _____	d. Ammeter: Yes _____ No _____
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**12. Lights**

a. Anti-collision Rotating beacon: Yes _____ No _____	b. Landing: Yes _____ No _____	c. Cockpit: Yes _____ No _____	d. Navigation: Yes _____ No _____	e. Other (specify)
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**12. Radios and Guidance Equipment**

a. VHF System Installed as Specified Yes _____ No _____	b. FM Radio Installed as Specified Yes _____ No _____	c. Selector Switch for ST-Monitoring of VHF Yes _____ No _____
d. Loran-C Installed Yes _____ No _____	e. GPS Installed Yes _____ No _____	

**13. Spray System**

a. STC or 337 for all Components: Yes _____ No _____	b. Total Tank Capacity: _____ gallons	c. Emergency Dump System: Yes _____ No _____	d. Operating Load Capacity: _____ gallons	e. Spray System Make
f. Nozzles Hydraulic _____ Type _____ Size _____ Rotary Atomizer _____ Make _____ Model _____			g. Electronic Flow-Metering System Yes _____ Model/Model _____ No _____	

**14. Pilots Authorized to Fly Described Aircraft**

Name	Total Flight Hours	Special Qualifications	Rating	FAA Medical Date	FAA License No.

**15. Certification**

I certify that the information contained herein is accurate.

\_\_\_\_\_ Signature- Contractor                      \_\_\_\_\_ Title                      \_\_\_\_\_ Date

**16. Review – Project Coordinator**

I have reviewed this information provided. Based upon that review, my determination is the aircraft is in compliance and does \_\_\_\_\_ does not \_\_\_\_\_ meet the minimum requirements for aircraft as set forth in the \_\_\_\_\_ gypsy moth suppression program contract specifications.

\_\_\_\_\_ Signature – Program Coordinator                      \_\_\_\_\_ Date

**17. Review – Aircraft Operations & Safety Specialist**


I have reviewed this information and agree with the decision of the Program Coordinator.

\_\_\_\_\_ Signature- Aircraft Operations Advisor                      \_\_\_\_\_ Date

**18. Reasons for Rejection**


Exhibit A Pricing Page

CRFQ AGR2300000018				
Item No.	Description	Estimated Acres	Unit Price Per Acre	Total Cost
1	Mimic 2LV or Equal, applied at 5 fl. oz. per acre, Mixed with water for Final Application rate of .75 GPA (96 Oz)	397	\$23.87	\$9,476.39
2	BTK Foray 76B or equal - 25.3 CLU - undiluted spray volume of 1/3 of a gallon per acre.	1	\$34.82	\$34.82
3	BTK Foray 48B or equal 24 CLU - undiluted spray volume of 1/2 of a gallon (64 ounces) per acre.	2284	\$33.84	\$77,290.56
4	Gypchek/ Gypchek Carrier or equal (Gypchek will be provided by USDA-FS) 1/2 gallon per acre, Dose is 2 x 1011 OB/acre/appl for each of 2 applications. Contractor is responsible for purchasing carrier. Current Carrier mix is 75% water, 25% molasses, 25% sticker (e.g., Tactic manufactured by Loveland Industries) or Equal.	1	\$24.49	\$24.49
*Acreage figures are estimates for evaluation purposes only. Agency may have more or less acreage based upon need over the life of the contract.				

Bidder / Vendor Information	
Name:	Helicopter Applicators, Inc.
Address:	1670 York Rd. Gettysburg, PA 17325
Phone:	717-337-1370
Email:	Kmartin@helicopteraapplicators.com
Signature:	



**STATE OF WEST VIRGINIA  
DEPARTMENT OF AGRICULTURE**

**LICENSED PESTICIDE APPLICATION BUSINESS**


Issued to:  
**Helicopter Applicators, Inc.**  
**1670 York Road**  
**Gettysburg PA 17325**

Qualifying Individual: **Glenn A. Martin**

License No: [REDACTED]  
Plants ID: [REDACTED]  
Date Issued: **12/28/2022**  
Expiration Date: **12/31/2023**

**NOT TRANSFERABLE**

Categories of Operation:  
1 - Agricultural Plant Pest Control  
3 - Forest Pest Control  
6 - Aquatic Pest Control  
7 - Right-of-Way/Industrial Weed  
13D - Mosquito Control  
13E - Black Fly Control  
14 - Aerial

Commissioner of Agriculture  
  
SIGNATURE

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

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



US Department  
of Transportation  
**Federal Aviation  
Administration**

# Operating Certificate

(DUPLICATE, DECEMBER 13, 2001)

This certifies that

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

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

## **COMMERCIAL AGRICULTURAL AIRCRAFT OPERATIONS**

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

## **DISPENSING OF ECONOMIC POISONS ALLOWED.**

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

**Indefinitely.**

By Direction of the Administrator.

**LARRY C. KREIDER**

(Signature)

Certificate number: **NDBG684G**

Effective date: **February 2, 1999**

**Manager, AEA-FSDO-13**

(Title)

Issued at: **EA13, Harrisburg, PA**