**1. Spray Project Contract Information:**

|  |  |  |
| --- | --- | --- |
| a. Name | b. Telephone | Type or print all information in ink. Return completed and signed form to the Project Coordinator. See Contract Specifications for name and address |
| 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 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 aircraftSpray Fixed Wing , Spray Helicopter , Observation Fixed Wing , Observation Helicopter . | b. Qualified underFAR Part 135 .FAR Part 137 . |
| c. Aircraft Make, Model and Series  | d. Number of Engines | e. FAA Number | f. Year Built | g. Passenger Capacity  | h. License Date |
| i. Registration Certification | j. Airworthiness Certification | k. Cruising SpeedMPH , Knots . | l. No. of Hours Fuel | m. Time Since 100- hour inspection |
| n. Major Modifications  |

**4. Airframe**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Hours Since New | b. Hours Since Overhaul | c. Used for AerobaticsYes , No . | d. Parking BrakeYes , No . | e. Paint Scheme |

**5. Engines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Make and Model | b. Horsepower  | c. Type Fuel | d. SuperchargerYes , No . | e. Hours Since NewNumber 1 , Number 2 . |
| f. Hours since Major OverhaulNumber 1 , Number 2 . | g. Hours Before Next Major OverhaulNumber 1 , Number 2 . |

**6. Propellers:**

|  |
| --- |
| Hours Since OverhaulNumber 1 , Number 2 . |

**7. Instruments:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. Fuel Quantity | b. Stall Warning | c. Airspeed | d. ClockYes , No . | e. CompassYes , No . | f. Turn and BankYes , No . |
| g. Directional Gyro | h. Artificial HorizonYes , No . | i. AltimeterYes , No . | j. Rate of Climber Indicator Yes , No . |

**8. Conditions: (Good, Fair, Poor)**

|  |  |  |  |
| --- | --- | --- | --- |
| a. Glass | b. Fabric | c. Tires | d. Paint |
| e. Seat Belts | f. Shoulder Harness | g. Cabin | h. Cockpit |

**9. Emergency Equipment:**

|  |  |  |
| --- | --- | --- |
| a. First Aid KitYes , No , | b. Engine Fire ExtinguisherYes , No . | c. Cabin Fire ExtinguisherYes , No . |

**10. Electrical System:**

|  |  |  |  |
| --- | --- | --- | --- |
| a. Volts | b. Auxiliary PowerYes , No , | c. H/D Battery Yes , No . | d. AmmeterYes , No . |

**11. Lights:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Rotating beaconYes , No . | b. LandingYes , No . | c. CockpitYes , No . | d. NavigationYes , No . | e. Other (specify) |

**12. Radios and Guidance Equipment:**

|  |  |  |
| --- | --- | --- |
| a. VHF System Installed as SpecifiedYes , No . | b. FM Radio Installed as SpecifiedYes , No . | c. Selector Switch for ST-Monitoring of VHF and FM Yes , No . |
| d. Loran-C Installed Yes , No . | e. GPS InstalledYes , No . |  |

**13. Spray System:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. STC or 337 for all ComponentsYes , No . | b. Total Tank Capacity gallons | c. Emergency Dump System Yes , No . | d. Operating Load Capacity  gallons (insecticide) | e. Spray System Make |
| f. NozzlesHydraulic (Type Size ) Rotary Atomizer (Make Model ) | g. Electronic Flow-Metering SystemYes , (Model ) No . |

**14. Helicopter Components:**

|  |  |
| --- | --- |
| a. Hours Since NewMain Rotor Tail Rotor Transmission . | b. Hours Since OverhaulMain Rotor Tail Rotor Transmission . |
| c. Hours Before Next OverhaulMain Rotor Tail Rotor Transmission . | d. Drop StopsYes , No . | e. SkidsYes , No . | f. Rotor BrakesYes , No . |
| g. Other (Specify) |

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

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

|  |
| --- |
| **16.** I certify that the information contained herein is accurate.  Signature- Contractor Title Date  |

|  |
| --- |
| **17.** I have reviewed this information and, based upon the information provided, find that the aircraft does does not meet the minimum requirements for aircraft as set forth in the gypsy moth suppression program contract specifications.  Signature – Program Coordinator Date  |

|  |
| --- |
| **18.** I have reviewed this information and am in agreement with the decision of the Program Coordinator. Signature- Aircraft Operations Advisor Date |

**19. Reasons for Rejections:**

|  |
| --- |
|  |
|  |
|  |
|  |