**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 aircraft  Spray Fixed Wing , Spray Helicopter , Observation Fixed Wing , Observation Helicopter . | | | | | | b. Qualified under  FAR 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 Speed  MPH , 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 Aerobatics  Yes , No . | d. Parking Brake  Yes , No . | e. Paint Scheme |

**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. Instruments:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. Fuel Quantity | b. Stall Warning | c. Airspeed | d. Clock  Yes , No . | e. Compass  Yes , No . | f. Turn and Bank  Yes , No . |
| g. Directional Gyro | h. Artificial Horizon  Yes , No . | i. Altimeter  Yes , 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 Kit  Yes , No , | b. Engine Fire Extinguisher  Yes , No . | c. Cabin Fire Extinguisher  Yes , No . |

**10. Electrical System:**

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

**11. Lights:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Rotating beacon  Yes , No . | b. Landing  Yes , No . | c. Cockpit  Yes , No . | d. Navigation  Yes , No . | e. Other (specify) |

**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 and FM 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 (insecticide) | | e. Spray System Make |
| f. Nozzles  Hydraulic (Type Size ) Rotary Atomizer (Make Model ) | | | | g. Electronic Flow-Metering System  Yes , (Model ) No . | |

**14. 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) | | | |

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

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

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| --- |
| **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:**

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