

Federal Aviation Administration

AGRICULTURAL AIRCRAFT OPERATOR CERTIFICATE APPLICATION

Paperwork Reduction Act Statement: The information collected on this form is required. This form is submitted to determine eligibility for the issuance of the Agriculture Aircraft Operator Certificate. Confidentially is neither requested nor provided. We estimate that it will take 1 hour to complete the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0049. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC 20591 Attn: Information Collection Clearance Officer, ASP-110.

SUPPLEMENTAL INFORMATION

Form 8710-3 (12/16)

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US Department of Transportation Federal Aviation Administration	AGRICULTURAL AIRCRAFT OPER CERTIFICATE APPLICATION						TOR	2		INSTRUCTIONS Complete form in its entirety Submit to the local Flight Standards District Office			
1. APPLICATION	TYPE						FOF	R DISPI	ENS	ING (Check one)		ORIGINAL	
FOR	PRIVATE						ECO	ECONOMIC POISONS				AMENDMENT	
	<u> </u>	COMMERCIAL								CONOMIC POISONS		REISSUANCE	
2. NAME AND ADDRESS TELEPHONE NUMBER	OF APPLICANT						TEI	LEPHO	NE N	OPERATIONS BASE (/	•		
4. OPERATING	INDIVIDUAL		OTHER (Specify)				5.	5. NAME OF CHIEF SUPERVISOR OF OPERATIONS (Commercial Op					ommercial Operations Only)
AS	CORPORA	ATION											
	PARTNER	SHIP)				(First)			(Middle Initial) (Last)			(Last)
6. AIRMAN CERTIFICATE		1								CERTIFICATE NUMBE	:R		
GRAD PRIVATE	 	ASEL AME			TVDE				RATINGS E RATING(S) (Specify)				
COMMERCIAL		AMEL			HELICOPTER				TRATINO(0) (Opecity)				
AIRLINE TRANSPOR	RT		ASES		GYROF								
7A. DO YOU HOLD A	CURRENTLY E	FFECTIV	E CERTI	FIC	ATE OF	WAI\	/ER F	OR			NO		
	AIRCRAFT OPERATIONS								YES (Complete 7B)				
7B. WAIVER HELD DATE ISSUED			EXPIR	EXPIRATION DATE				FAA DISTRICT OFFICE WHERE ISSUED					
	8. A	AGRICULTURAL AIRCI				RAFT TO BE OPERATED							
MAKE		MODEL					QUIPP QUID	SOLI					
9. LIST THE NAME(S) (Use separate sheet	AND AIRMAN CI	ERTIFICA	ATE NUM ace is ne	1BEF	R(S) OF <i>i</i>	AGR	ICULT	URAL	. PIL	OT(S) WORKING FO	R YOU	AT THE F	PRESENT TIME
					10.				NAME			CERT. NO.	
				-									
10. REMARKS (if applicab	le)												1
11. CERTIFICATION: I	CERTIFY THAT	STATEME	ENTS MA	ADE.	ON THIS	S FO	RM AF	RE TR	NIE.	AND CORRECT			
DATE	√DE	ON THE	5 FU		RE IR GNATU		AND CORRECT.						
DATE TITLE						310	ONAIU	/INL					

FAA Form 8710-3 (12/16) SUPERSEDES PREVIOUS EDITION

INSPECTION REPORT - For FAA Use Only (To be completed by the General Aviation for Flight Standards District Office) **COMPLIANCE WITH APPLICABLE REGULATIONS** 1. PILOTS NOT REQUIRED SATISFACTORY UNSATISFACTORY A. CERTIFICATES B. RATING(S) C. KNOWLEDGE TEST D. SKILL TEST 2. AIRCRAFT A. CERTIFICATED B. AIRWORTHY C. EQUIPPED FOR AGRICULTURAL OPERATIONS 10. REMARKS (Include an explanation of denial if application is disapproved). 4. DISTRICT OFFICE ACTION **INSPECTORS SIGNATURES** CERTIFICATE ISSUED APPLICATION DISAPPROVED DATE INSPECTION COMPLETED