



AERIAL SPRAYING, SPREADING, BAITING

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AERIAL APPLICATION REQUEST FORM

TRADING NAME:			CONTACT PERSON:		
ADDRESS:					PCODE:
PHONE:	MOBILE:	EMAIL:		UHF:	
AGENT:			CFA MAP REF:		
RECOMMENDATION MADE BY:			GPS:		
VALID FROM:	/ /	UNTIL:	/ /	DATE OF ORDER:	/ /
PREFERRED TIME:		PREFERRED WIND DIRECTION:			

FIELD NAME	HA	CROP TYPE	WEED/PEST	CHEMICAL/PRODUCT	W/HOLD PERIOD	APPLICATION RATE/HA	WATER RATE/HA	PRICE P/HA	SUPPLIER

Office Use Only

DATE	AREA TREATED	TIME	AIRCRAFT	TACHO			WEATHER		LOADER	PILOT	The pilot signing this form certifies that this is a true and accurate record of aerial application.
				START	FINISH	TOTAL	WIND DEG/KNTS	TEMP			

GUIDELINES & CHECKLIST FOR AERIAL APPLICATION

- A. Complete the Aerial Application Request form giving all information requested.
- B. It is **mandatory** to supply a map of the proposed area. The map must include a clearly drawn North arrow, show any **powerlines** passing over or adjacent to the treatment area and include all other information necessary for the pilot to safely locate and carry out the job.
- C. In addition to the above, the following checklist **must** be completed before any aerial application can be undertaken using agricultural chemicals.

CHECKLIST (Please circle YES or NO and provide additional information where required.)

1. Are the agricultural chemicals you intend to use registered for aerial application and are the required application rates in accordance with the label recommendations?	YES	NO
2. Have you shown on your accompanying map, the land use and vegetation type on all sides of the proposed treatment area?	YES	NO
3. Are there houses, schools, hospitals, aged care facilities, child services, workplaces, other inhabited buildings or sensitive areas where an aircraft must not fly within 200 metres of?	YES	NO
4. Are there any susceptible crops near the treatment area? Ensure neighbours crops are considered.	YES	NO
5. ENVIRONMENTAL CONSIDERATIONS Adjacent to the treatment area, are there any of the following which may be susceptible to, or contaminated by, any of the products you intend applying? If yes, please MARK the appropriate boxes and identify them on your accompanying map.	YES	NO

TOWNS	ORGANIC FARMS	CROPS	DAMS	LIVESTOCK	ROADS	VINEYARDS
AQUATIC FARMS	BEEES	CHANNELS	RIVERS	TREES	OTHER	

Description of Environmental Considerations identified above and any other remarks

Please sign and return the completed form and your map to Air Apply or your chemical agent.
 I certify that the information provided on this form is to my knowledge, complete and correct.

NAME: **SIGNATURE:** **DATE:** / /