



AGENCY OF AGRICULTURE, FOOD & MARKETS

Public Health and Agricultural Resource Management Division

Steve Dwinell, Director

[www.agriculture.vermont.gov](http://www.agriculture.vermont.gov)

116 State Street • Montpelier, Vermont 05620-2901 • (802) 828-5667 • (802) 828-1410 fax

## REQUEST FOR PERMIT TO CONDUCT AERIAL PESTICIDE APPLICATION

The permit application consists of three parts: Part A, Part B, and Part C. All applicants must complete Parts A and C. Part B is only required for proposed applications that utilize a helicopter or fixed-wing aircraft. In addition, Applicants should note that use of a State-owned airport for takeoff and landings will require completion of a Vermont Agency of Transportation Spray Permit. All applications should be submitted to: [zach.szczukowski@vermont.gov](mailto:zach.szczukowski@vermont.gov)

**Part A** must be completed for all applicants and includes:

- Applicant & application information
- Pilot information
- Pesticide label and SDS for requested product(s)

**Part B** must be completed for applications that utilize helicopter or fixed-wing aircraft and includes:

- Justification for proposed application
- Notice of intent
- Maps of proposed treatment areas

**Part C** must be completed for all applicants and includes:

- Certificate of compliance

## PART A

Pursuant to 6 V.S.A. Chapter 87 and the Vermont Rule for Control of Pesticides, a request is made for a permit to conduct a Aerial application within the State of Vermont.

### APPLICANT INFORMATION

<b>Name of Applicant:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Contact Person:</b>

### APPLICATION INFORMATION

<b>Address:</b>
<b>Approximate total acreage to be treated:</b>
<b>Anticipated Date(s) of treatment:</b>
<b>Application Method:</b>
<b>Application Category:</b>

### PILOT/APPLICATOR & AIRCRAFT INFORMATION

<b>Aircraft Type:</b> <input type="checkbox"/> Uncrewed Aircraft System permit (does not require AOT-OPS permit if no airport is used) <input type="checkbox"/> Helicopter or fixed wing aircraft permit (requires AOT-OPS permit if airport is used) <input type="checkbox"/> Dual (requires AOT-OPS permit if airport is used)
<b>Navigational/treatment tracking system to be used:</b>
<b>Please attach legible and current proof of the following:</b> FAA Airman certificate and rating for each pilot for the proposed application. FAA Aircraft registration for each aircraft to be used for the proposed application. Vermont Agency of Agriculture, Food and Markets pesticide applicator certification for each applicator Certificate of insurance.

### RESTRICTION OF ACCESS PLAN

*Please describe your plan to restrict access during proposed application.*

**CONTROL DETAILS\***

<b>Location</b> <i>(Town(s), field name(s), field number(s), orchard block(s), or other similar designation(s))</i>	<b>Neighboring Properties</b> <i>(names of adjacent landowners/tenants)</i>	<b>Trade Name</b>	<b>Common Name of Active Ingredient(s)</b>	<b>EPA Reg. Number</b>	<b>Application Rate Product/Acre</b>	<b>Pest to Be Controlled</b>	<b>Type of Application</b>	<b>Total Acreage</b>

\*Pesticide(s) to be used and rate(s) to be applied. If more than one chemical is listed, then a summary of the uses intended for each chemical must be provided. The summary should state whether the chemical will be mixed or applied separately, specifying which chemicals will control what types of vegetation/pest. Please Note: A copy of a label, must be supplied for each chemical to be used.

## **PART B**

### **JUSTIFICATION FOR AERIAL APPLICATION:**

*Please provide a justification for the use of either a helicopter or fixed-wing aircraft.*

### **NOTICE OF INTENT TO CONDUCT AERIAL APPLICATION**

Please attach with your application a copy of your notice of intent. The notice must be at least two columns wide by three inches high and include:

- the name and address of the permit applicant; a reasonable identification of the treatment area; the names of the town(s) where the application is to be done; the approximate date of the herbicide application; that a permit has been requested from the Secretary; the type of aircraft from which a pesticide is to be applied; the common name of the product or active ingredient to be used; the name, position, address, and telephone number of a person from the applicant to contact for further information; the address and phone number of the Agency identifying it as the appropriate place to contact with comments and/or complaints; a notice to residents of properties adjacent to the proposed treatment area that potable water source should be buffered and that it is the resident's responsibility to notify the permit applicant of the existence of a potable water source near the treatment area.

**GEOSPATIAL DATA:** Attach maps of location(s) to be treated. Paper maps or images may be submitted with initial application; however, submission of GIS files in state plane NAD83 format (or similar) will be required before issuance of any permit. Clearly identify on the maps:

- Areas of proposed application
- Surface waters
- Public water sources and potable water supplies

## PART C

### CERTIFICATION OF COMPLIANCE

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, I am in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

The Applicant certifies that, to the best of their knowledge, the provided information is true and accurate.

The Applicant certifies that they or contracted applicators are in compliance with all applicable UAS laws and regulations, including 14 C.F.R. Part 107, 14 C.F.R. Part 91, 14 C.F.R. Part 137, and 20 V.S.A. Chapter 205.

The Applicant further understands that weekly spray and dusting operations must be reported to the Vermont Agency of Agriculture, Food and Markets on forms furnished by the Agency, sent to the Agency electronically and not later than the close of business on the Monday following the week's operation.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_