

VERMONT AGENCY OF AGRICULTURE
FOOD & MARKETS
116 STATE STREET
MONTPELIER, VT 05620

REQUEST FOR APPLICANT APPROVAL FOR AN AERIAL APPLICATION

To: Vermont Secretary of Agriculture

Date: _____

Request is hereby made under Chapter 87, Title 6, and Chapter 5, Title 5, Section 186, VSA, and the regulations issued pursuant thereto, for approval to conduct aerial spraying through use of an aircraft within the State of Vermont.

SECTION I

A. Check type of aerial application:

Orchard: _____

Food & Feed Crop: _____

Nuisance Pests: _____

Other: _____ (Please Explain)

B. Site Location:

Physical Location of area to be treated: _____

Names and phone numbers of abutting landowners:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

VERMONT AGENCY OF AGRICULTURE
AERIAL REQUEST (cont.)

Describe a plan to notify abutting neighbors of the intended aerial application: _____

Describe a plan to control traffic in the public rights of way in or abutting the treatment area: _____

Locations of abutting surface waters: _____

Locations of abutting public and private water supplies: _____

Locations of any environmentally sensitive areas: _____

C. Reason for treatment:

Type of pest(s) to be controlled: _____

D. Pesticide information:

| Common/ Trade name of Pesticide | EPA number |
|---------------------------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

* Please include a copy of both the MSDS and the label for each pesticide requested

SECTION II

A. Name of Applicator: _____
Address & Phone number: _____

* The Applicator will be required to submit an additional Aerial Applicator request prior to the issuance of an Aerial Permit.

B. Approximate dates of application: _____ to _____

SECTION III

A. Please include geodetic or orthophoto map(s) of the application site.

All applications shall be made in accordance with 6 VSA Chapter 87, Vermont Regulations for Control of Pesticides and Request for Applicator Approval Aerial Application.

* If more space is required to complete this form please attach separate pages.

Signature of Applicant

Title of Organization

Address and Phone number