



AERIAL APPLICATION REQUEST FORM

TRADING NAME:				CONTACT PERSON:			
ADDRESS				PHONE NO:			
			PCODE:		MOBILE:		UHF:
AGENT:				EMAIL ADDRESS:			
RECOMMENDATION MADE BY:				GPS:			
VALID FROM:	/	/	UNTIL:	/	/	DATE OF ORDER:	/
PREFERRED TIME:				PREFERRED WIND DIRECTION:			

FIELD	CROP	HECTARES	WEED/PEST	CHEMICAL/S	APPLICATION RATE/S	SUPPLIER

GUIDELINES & CHECKLIST FOR AERIAL APPLICATION

- Complete the Aerial Application Request form giving all information requested.
- It is **mandatory** to supply a map of the proposed treatment 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.
- In addition to the above, the following checklist **must** be completed before any aerial application can be carried out using agricultural chemicals

CHECKLIST

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 ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you shown on the accompanying map the land use and vegetation type on all sides of the proposed treatment area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there houses , workplaces or any other inhabited buildings or sensitive areas over or near which the aircraft must not fly?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there any susceptible crops near the treatment area? Ensure neighbours crops are considered.	<input type="checkbox"/> YES <input type="checkbox"/> 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, check as appropriate <input type="checkbox"/> TOWNS <input type="checkbox"/> ORGANIC FARMS <input type="checkbox"/> DAMS <input type="checkbox"/> SCHOOLS <input type="checkbox"/> ROADS <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> AQUATIC FARMS <input type="checkbox"/> BEES <input type="checkbox"/> CHANNELS <input type="checkbox"/> RIVERS <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hazard details (describe)	

Please **sign** and return these completed forms and your map to Field Air or your chemical agent.

I certify that the information provided in this form is to the best of my knowledge, complete and correct.

NAME:		SIGNATURE:	DATE:	/	/
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