



# AERIAL APPLICATION REQUEST FORM

<b>OFFICE USE ONLY</b>
CLIENT/JOB No. _____
INVOICE No. _____

TRADING NAME ..... CONTACT PERSON ..... PH. No. .... MOBILE .....  
 ADDRESS ..... U.H.F. .... C.F.A. MAP REF. .... G.P.S. ....  
 ..... P/CODE ..... DATE OF ORDER ..... / ..... / ..... PREFERRED TIME ..... PREFERRED WIND DIRECTION .....  
 AGENT ..... RECOMMENDATION MADE BY ..... VALID FROM ..... / ..... / ..... UNTIL ..... / ..... / .....

CROP	HA	WEED/PEST	CHEMICAL	SUPPLIER	BATCH No.	APP. RATE/HA	WATER VOLUME/HA	COST PER HA \$		
								AIRCRAFT	CHEM	TOTAL

  

DATE	AREA TREATED	TIME	AIRCRAFT	TACHO			WEATHER			LOADER	PILOT
				START	FINISH	TOTAL	WIND	TEMP	CONDITIONS		

THE PILOT SIGNING THIS FORM CERTIFIES THAT THIS IS A TRUE AND ACCURATE RECORD ON AERIAL SPRAYING

**MEMO**  
 POWERLINES YES/NO (SEE MAP) \_\_\_\_\_  
 OTHER HAZARDS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\* ENVIRONMENTAL CONSIDERATIONS AND/OR REMARKS FROM REVERSE SIDE**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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# GUIDELINES & CHECKLIST FOR AERIAL APPLICATION

## GUIDELINES

- Complete the Aerial Application Request Form on the reverse side, giving as complete as possible, all information requested. Disregard columns with shaded headings.
- 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. To ensure the accuracy of this information, all neighbours or persons who may be affected by the proposed aerial application, should be consulted before answering the following questions.

## CHECKLIST

	<i>Circle as reqd.</i>	
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 the accompanying map the land use and vegetation type on <b>all</b> sides of the proposed treatment area?	YES	NO
3. Are there any houses, workplaces or any other inhabited buildings or sensitive areas over or near which the aircraft must not fly?	NO	YES
<b>*4. ENVIRONMENTAL CONSIDERATIONS</b>	NO	YES

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?

(Circle item below as appropriate)

CROPS	ORGANIC FARMS	AQUATIC FARMS	DAMS	TREES	SCHOOLS
PASTURE	BEEES	CHANNELS	ROADS	FLORA/FAUNA	OTHER
LIVESTOCK	VINES	RIVERS	GARDENS	TOWNS	

If you have answered in this column, or circled any of the above, please give additional details on the other side of this form.

Please **sign** and return these completed forms and your map to our company or your chemical agent.  
**FAILURE TO CARRY OUT ANY OF THE ABOVE WILL MEAN AERIAL APPLICATION WILL NOT PROCEED.**

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

Name ..... Signature ..... Date .....

*Thank-you for assisting the Aerial Agricultural Industry to maintain the highest attainable standards.*