US Department
of Transportation

Federal Aviation Administration

AGRICULTURAL AIRCRAFT OPERATOR CERTIFICATE APPLICATION

Paperwork Reduction Act Statement: The information collected on this form is required. This form is submitted to determine eligibility for the issuance of the Agriculture Aircraft Operator Certificate. Confidentiality is neither requested nor provided. We estimate that it will take 1 hour to complete the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0049. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC 20591 Attn: Information Collection Clearance Officer, ABA-20

TEAR OFF
BEFORE USE

SUPPLEMENTAL
INFORMATION

Form 8710-3 (10-83)

DETACH THIS PART BEFORE USING FORM BELOW

Form Approved
OMB No. 2120-0049
05/31/2009

US Department of Transportation
Federal Aviation Administration

AGRICULTURAL AIRCRAFT OPERATOR CERTIFICATE APPLICATION

INSTRUCTIONS
Submit in duplicate to the local General Aviation District Office.

1. APPLICATION FOR	TYPE		FOR DISPENSING *(Check one)*			
	☐	PRIVATE	☐	ECONOMIC POISONS	☐	ORIGINAL
	☐	COMMERCIAL	☐	OTHER THAN ECONOMIC POISONS	☐	AMENDMENT
					☐	REISSUANCE

2. NAME AND ADDRESS OF APPLICANT	3. PRINCIPAL OPERTIONS BASE *(Airport, City, State)*
TELEPHONE NUMBER	TELEPHONE NUMBER

2. OPERATING AS			
	☐	INDIVIDUAL	OTHER *(Specify)*
	☐	CORPORATION	
	☐	PARTNERSHIP	

5. NAME OF CHIEF SUPERVISOR OF OPERATIONS IF OTHER THAN SHOWN IN ITEM 2. (COMMERCIAL OPERATIONS ONLY)

(First) *(Middle Initial)* *(Last)*

6. AIRMAN CERTIFICATE HELD	CERTIFICATE NUMBER

GRADE		RATINGS				
☐	PRIVATE	☐	ASEL	☐	AMES	TYPE RATING(S) *(Specify)*
☐	COMMERCIAL	☐	AMEL	☐	HELICOPTER	
☐	AIRLINE TRANSPORT	☐	ASES	☐	GYROPLANE	

7A. DO YOU HOLD A CURRENTLY EFFECTIVE CERTIFICATE OF WAIVER FOR CONDUCTING AGRICULTURAL AIRCRAFT OPERATIONS?	NO ☐
	YES *(Complete 7B)* ☐

7B. WAIVER HELD	DATE ISSUED	EXPIRATION DATE	FAA DISTRICT OFFICE WHERE ISSUED

8. AGRICULTURAL AIRCRAFT TO BE OPERATED

MAKE	MODEL	EQUIPPED FOR		TOTAL NUMBER EACH AIRCRAFT OPERATED	REGISTRATION MARK *(List one)*
		LIQUID	SOLID		

9. LIST THE NAME(S) AND AIRMAN CERTIFICATE NUMBER OF AGRICULTURAL PILOT(S) WORKING FOR YOU AT THE PRESENT TIME
(Use separate sheet and attach if additional space is needed.)

NAME	CERT. NO.	NAME	CERT. NO.

10. REMARKS

11. CERTIFICATION: I CERTIFY THAT STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT.

DATE	TITLE	SIGNATURE

INSPECTION REPORT - For FAA Use Only

(To be completed by the General Aviation for Flight Standards District Office)

COMPLIANCE WITH APPLICABLE REGULATIONS

1. PILOTS	NOT REQUIRED	SATISFACTORY	UNSATISFACTORY
A. CERTIFICATES			
B. RATING(S)			
C. KNOWLEDGE TEST			
D. SKILL TEST			
2. AIRCRAFT			
A. CERTIFICATED			
B. AIRWORTHY			
C. EQUIPPED FOR AGRICULTURAL OPERATIONS			

10. REMARKS *(Include an explanation of denial if application is disapproved).*

4. DISTRICT OFFICE ACTION

	CERTIFICATE ISSUED	INSPECTORS SIGNATURES
	APPLICATION DISAPPROVED	
DATE INSPECTION COMPLETED		