



Wyoming DEPARTMENT OF Agriculture

2219 CAREY AVE | CHEYENNE, WY 82002 | PHONE: 307-777-7324 | FAX: 307-777-6593

OFFICE USE ONLY	
Payment Method:	_____
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Establishment Number:	_____

TECHNICAL SERVICES DIVISION PREDATOR/PESTICIDE AIRCRAFT LICENSE APPLICATION

PLEASE CHOOSE: **NEW APPLICATION** or **RENEWAL**
 CURRENT ESTABLISHMENT NUMBER (IF RENEWING): _____

LICENSE APPLICANT INFORMATION

COMPANY NAME: _____ CONTACT NAME: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (____) ____ - _____ E-MAIL: _____

AIRCRAFT INFORMATION

AIRCRAFT NO.: _____ AIRCRAFT MANUFACTURER: _____

AIRCRAFT MODEL: _____ AIRCRAFT COLOR: _____

PILOT INFORMATION

NAME: _____ <small>Last Name, First Name, Middle Initial</small>	FAA PILOT NO.: _____	WDA LICENSE NO.: _____
NAME: _____ <small>Last Name, First Name, Middle Initial</small>	FAA PILOT NO.: _____	WDA LICENSE NO.: _____
NAME: _____ <small>Last Name, First Name, Middle Initial</small>	FAA PILOT NO.: _____	WDA LICENSE NO.: _____
NAME: _____ <small>Last Name, First Name, Middle Initial</small>	FAA PILOT NO.: _____	WDA LICENSE NO.: _____

CONSENT STATEMENT

BY SIGNING THIS APPLICATION YOU VERIFY THAT YOU HAVE READ AND UNDERSTAND ALL APPLICABLE WYOMING STANDARDS AND REGULATIONS AND AGREE TO ABIDE BY THE LAWS AND REGULATIONS SET FORTH THEREIN. YOU ALSO UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE.

INCOMPLETE APPLICATIONS WILL BE MAILED BACK. PLEASE COMPLETE ALL APPLICABLE SECTIONS.

SIGNATURE OF APPLICANT DATE

WDA OFFICIAL DATE

LICENSING FEES

PLEASE INDICATE THE TYPE OF AIRCRAFT LICENSE YOU ARE APPLYING FOR BY SELECTING ONE (OR MORE) OF THE BELOW.

<small>x</small>	<small>x</small>
<input type="checkbox"/> PREDATOR AIRCRAFT	<input type="checkbox"/> PESTICIDE AIRCRAFT

THERE IS A \$25 FEE ASSOCIATED WITH EACH LICENSE UNLESS OTHERWISE INDICATED.

PLEASE MAKE CHECKS PAYABLE TO *WYOMING DEPARTMENT OF AGRICULTURE*