

# APA (2020)

Oregon Department of Agriculture  
Pesticides Program  
(503) 986-4635

Form date 11/2019



# Oregon

Department  
of Agriculture

## Aerial Pesticide Applicator (APA) Application Form - Please Print Clearly

### INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

**Name** Last, First, M.I. \_\_\_\_\_

**Mailing** Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Physical** Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Contact** Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Employer** Company Name \_\_\_\_\_  
Operator License # \_\_\_\_\_

**Physical** Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Contact** Office Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**I AGREE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION AND THE REQUIREMENTS PERTAINING TO THIS LICENSE ARE TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE. LICENSE EXPIRES DECEMBER 31.**

\_\_\_\_\_ **BY INITIALING, I ALSO ATTEST THAT I HOLD A FAA MEDICAL CERTIFICATE THAT IS VALID FOR THE ENTIRE OREGON LICENSE PERIOD (COMMERCIAL PILOT CERTIFICATE HOLDERS ONLY).**

Signature \_\_\_\_\_

Date (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check license type:  
 **New License**  
 **Renewal** (Oregon license #) \_\_\_\_\_  
AG-L \_\_\_\_\_ APA  
 **Reciprocal**  
License # \_\_\_\_\_

Check application method(s):  
 Fixed Wing  
 Rotor  
 Small Unmanned Aircraft Systems (sUAS) - under 55 lbs  
 Unmanned Aircraft Systems - 55 lbs & over

In order to partially complete the requirements of this license you must:  
 Have a valid Oregon Commercial, Public, or Private Applicator's license  
 Attest below that you have a FAA medical certificate (if applicable)  
 Provide a copy (front & back) of your FAA-issued airman's certificate.  
 Pass the Oregon Aerial exam or equivalent

If a new or reciprocal license, you must provide one of the following:  
 A signed letter or email attesting to the fact that you have at least 50 hours of experience aerially **applying pesticides as a licensed applicator** (please state what type of license you hold).  
 A signed letter or email attesting to the fact that you have at least 50 hours of **training experience** on flights conducted for the purpose of carrying out, or training to carry out, spraying or otherwise applying pesticides by aircraft.

Please also provide:  
 FAA-issued agricultural aircraft operator certificate

Total Due \$ **\$50.00**

For Checks or Money Orders, mail to:  
**Oregon Dept of Agriculture**  
PO Box 4395 Unit 17  
Portland OR 97208-4395

For Credit Card Charges, complete below and mail or fax to:  
**Oregon Dept of Agriculture**  
635 Capitol St NE  
Salem OR 97301-2532

**Secure Fax: (503) 986-4746**

**Visa, MasterCard & Discover Accepted**

Make checks payable to: **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

Name of Cardholder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_