

Aerial Pesticide Applicator (APA) License Application



OREGON
DEPARTMENT OF
AGRICULTURE

Pesticides Program
503.986.4635

Instructions:

- Complete this form to apply for a new license, add an aircraft endorsement to your existing license, or renew your license. Required fields are indicated with an asterisk (*). Electronic signatures will not be accepted (wet ink only).
- If you have not been issued a Social Security Number by the US Social Security Administration, additional documentation is required. Please contact ODA for more information.
- Submit completed application to the secure fax or mailing address listed at the bottom of the form. To protect your information, do not submit via email.
 - » By default, applications received January 1 through November 16 will be processed for the current calendar year (Note: License will expire December 31 of the current calendar year). License applications for the following calendar year are accepted beginning on November 17. See below if you are applying for a new aerial pesticide applicator license from November 17 through December 31.
 - » Please allow 2 to 4 weeks for processing of completed applications.

Important: This license application is for individuals seeking to apply pesticides by aircraft, including fixed-wing aircraft, helicopters, and Unmanned Aircraft Systems (UAS).

Questions? Please contact the ODA Pesticides Program at 503.986.4635.

New APA License Applicants (Nov. 17 - Dec. 31 Only)

Important: This section only applies to individuals who passed the aerial exam from November 17 through December 31 of this year and who were not already certified as an aerial pesticide applicator through the end of this year. If you were licensed as a aerial pesticide applicator this year, please skip this section.

If you meet the conditions above and we receive your license application before the new year, by default your application will be held and processed in early January. This will allow you to be issued a full five-year certification period starting January 1 of next year. You may opt-out of this default procedure by checking the box below.

- Opt-out:** I do not want to wait until January 1. Please issue my license as soon as possible. I need a license for the remainder of this year through next year. I understand that my certification period will be shorter than five years.

Reciprocal License Applications

Please check the box below if you are seeking to obtain an Oregon license based entirely or in part upon your pesticide license in another state. More information about reciprocal licensing is available on the [ODA website](#).

- I am applying for a reciprocal license in Oregon based upon an out-of-state license. I will be providing additional documentation described on the ODA website.

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1. Applicant Information

Legal Name (Last, First, M.I.):*			
Existing APA license # (if renewing):			
Mailing Address:*			
City, State, ZIP Code:*			
Home Address (Physical Only)*		<input type="checkbox"/> Home address is the same as my mailing address.	
City, State, ZIP Code:*			
Personal Phone:*		Direct Email:	

ODA performs outreach on new or proposed laws and regulations, on emergent issues, and solicits feedback over email. We strongly recommend providing your email address.

2. Employer Information

Employer Name:*			
Address:*			
City, State, ZIP Code:*			
Phone (Main Contact Person):*		Direct Email:*	
Employer Type:*	<i>My employer is an Indian tribe or a business entity of an Indian tribe.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Signature

- I agree under penalty of perjury that the information on this application is true and correct.
- I agree to comply with all laws and regulations pertaining to this license.
- I understand that the type of aircraft that I can utilize for the purposes of pesticide application is limited by the aircraft endorsement(s) on my license.
- I attest that I have at least 50 hours of experience on flights for the purpose of applying pesticides or applying another substance (e.g., water, fire retardant, fertilizer) to simulate pesticide application.
- I understand that I must additionally hold a commercial, public, or private pesticide license (ORS 634.128(2)(a)).
- I will immediately notify the Oregon Department of Agriculture if any of the information on this application changes.

Signature (wet ink only):*		Date:*	
Date of Birth (MM/DD/YY):*	Social Security No:*		

4. Aircraft Endorsements*

Please select the type(s) of aircraft that you will use to apply pesticides. Please provide a copy (front & back) of your FAA-issued pilot certificate with your application. If you will be piloting unmanned aircraft weighing 55 lbs or above, or multiple unmanned aircraft, please include the FAA exemption documentation with this application.

- Fixed-wing aircraft
 Small Unmanned Aircraft Systems (under 55 lbs)
- Helicopter
 Unmanned Aircraft Systems (55 lbs or above)

5. Medical Certificate*

The below attestation is required for Commercial Pilot Certificate holders. If you pilot unmanned aircraft systems, this attestation is required only if FAA requires you to hold a medical certificate (e.g., as a condition of an FAA waiver for aircraft weight). Please do not submit a copy of your medical certificate to ODA.

_____ By initialing, I attest that I hold a FAA medical certificate that is valid for the entire Oregon license period.

6. Aerial Application Experience (New Licenses Only)*

If you are applying for a new license, you must provide supporting documentation with your application demonstrating that you have 50 hours of qualifying experience on flights as outlined in ORS 634.128(2)(d). More information about documentation requirements is available on the [ODA website](#).

7. Annual License Fee*

Please select the appropriate situation below and the correct fee will display.

	Situation (choose only one)	License Fee	Aircraft Endorsements	Total Fee#
<input type="checkbox"/>	New license or license renewal	\$50.00	\$0.00 each	
<input type="checkbox"/>	Add an endorsement to my active license	N/A	\$0.00 each	

#In some browsers this field is automatically calculated based on the situation you select.

8. Payment and Submission

Submission options depend on your method of payment. To protect your information, do not email this form to ODA. **Emailed applications and electronic signatures will not be accepted.**

For checks or money orders, mail via U.S. Postal Service to:
 Oregon Department 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: 1.503.986.4746
Visa, MasterCard, Discover, and American Express 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.

Name of Cardholder		Phone	
Address of Cardholder			
City		ZIP Code	
Cardholder Signature			
Date (MM/DD/YYYY)		Total Charges	\$
Card Number		Expiration Date	

Receipt available for credit card payments ONLY. Print Email address or Fax #