

NEVADA DEPARTMENT OF AGRICULTURE AGRICULTURAL AIRCRAFT OPERATOR'S CERTIFICATE OF QUALIFICATIONS



| This is to | certify that: | Name | of Ladicidus / Dilat | | |
|------------------------|--|--|-----------------------|---------------------|--|
| | | Name o | of Individual / Pilot | | |
| Home M | lailing Address | City | State | ZIP Code | |
| 1. Has bee | en thoroughly scho | poled by the undersigne | ed in the following: | | |
| (a) 🗆 | Steps to be tak worked. | Steps to be taken before starting operations including survey of to be worked. | | | |
| (b) □ | Performance c | erformance capabilities and operating limitations of aircraft to be used. | | | |
| 2. Has bee | en examined by th | e undersigned and is q | ualified to perform | the following: | |
| (a) 🗆 | Safe flight and | Safe flight and safe application procedures. | | | |
| (b) 🗆 | Aircraft maneuvers with the aircraft's maximum certified take-off weight, of an established special maximum weight load, whichever is greater. Maneuvers to include short field take-offs, flair-outs, swath runs, pull-ups and turnarounds. Rapid deceleration for helicopters. | | | | |
| | | e (5) hours familiarizati aircraft for agricultural o | | raft to be used and | |
| Signed by I Agency. | nolder of Agricultura | Il Aircraft Operator Certifi | cate issued by the F | ederal Aviation | |
| | | FAA Agricultural Aircraft Operator | Certificate No.) | | |
| Rater: | | | | | |
| | | Name | | | |
| Home M | lailing Address | City | State | ZIP Code | |
| Date: | | | | | |
| | | | | | |

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