

Stawell
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AERIAL APPLICATION REQUEST

Order No. _____

Contact Name:			Phone:			
Trading Name:			Fax:			
Address:			Date:			
Wind Direction Required:			Agent:			
Reason for Treatment:			Total Volume Applied:			

Paddock No.	HA	Crop	Product Type	Product Rate	Total Used	Supplied By

Map Provided/ Powerlines noted ? yes no

Susceptible Crops ? yes no

Organic farms, bees, dairies, aquiculture, dams other ? yes no

Aircraft to fly within 150m of dwelling ? Or yes no

200m of a school, hospital, aged care or child service ? yes no

Signed Client/Agent:

Please provide details:

Aerial Application work completed as per our Terms and Conditions of Aerial Application, which can be found at our website www.agaservices.com.au

AGFLITE:

Pilot Name/Signature		Aircraft Rego	Start	VDO Finsh	Total	HA Area Treated	Date
Start Time	Finish Time	Loader/Mixer	Swath	Wind	Temp	Cloud/ Delta T	Price per HA

ie. 360/2 strength & direction

Pilot Notes:

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