

Commercial Aerial Applicator Mix/Load Pad Information

Company Name _____
Company Address _____
Company Phone number _____

Location and address for the primary point in Michigan where aerial pesticide application operations (transfer of pesticides from one container to another, repackaging, or mixing in dry or liquid form) occur?

Location _____

Address _____

Is this the location where your firm will locate the required mix/load pad? _____

If not, how will your firm comply with the commercial aerial mix/load pad requirements?
(Use another firm's mix/load pad, portable pad, etc.)

Attach any related documentation which verifies your firm has a mix/load facility.