



KENTUCKY DEPARTMENT OF AGRICULTURE

Rev 8-17

Division of Regulation and Inspection • RYAN QUARLES, Commissioner • kyagr.com
107 Corporate Drive, Frankfort, KY 40601 • Phone (502) 573-0282 • Fax (502) 573-0303

AERIAL RECREATIONAL DEVICE OR FACILITY LICENSE APPLICATION FORM

Applicant Name _____

Applicant Residential Address _____

Applicant City, State, ZIP _____ Applicant Email _____

Applicant Telephone _____ Emergency Telephone _____

[] PERMANENT facility

[] MOBILE device/facility

BUSINESS LOCATION:

ATTACH: ITINERARY of all planned DATES and LOCATIONS OF OPERATION in Kentucky during permit year.

NOTE: List may be updated throughout the permit year, with notice to the Department PRIOR to operation.

Name of aerial recreational device designer _____

Total number of devices to be registered _____

Serial number(s) of all devices (attach list if necessary) _____

ATTACHED/PROVIDED (check all):

- [] Certificate of Liability Insurance as required in 302 KAR 17:010, Section 2(2), including:
[] Name of liability insurance carrier(s) _____
[] Policy number(s) _____
[] Specific policy page number(s) on which the thirty (30)-day notice express provision required by 302 KAR 17:010, Section 2(2)(d) appears _____

[] KDA Certificate of Aerial Recreation Device/Facility Inspection, completed and signed by Inspector.

[] ATTACH: Engineer-approved design plan for each device, OR:

[] For non-engineer-approved design plans: ATTACH signed affidavit attesting that (i) the device was installed prior to July 15, 2016; (ii) the device has not been subject to any major modifications since July 15, 2016; and (iii) the device has been in use since July 15, 2016.

[] Risk Management Program as required in 302 KAR 17:010, Section 4(1)(e).

[] FEES: \$ 100.00 (one hundred dollars) per device, Annual Registration Fee; and \$ 100.00 (one hundred dollars) Annual Operator License Fee.

\$ _____ Total fees attached. Total fees capped at \$2,000. Make check payable to Kentucky State Treasurer.

Applicant's signature authorizes Applicant's Qualified Inspector to communicate with and respond to any inquiry from a representative of the Kentucky Department of Agriculture, including an inquiry that calls for the production of documents pertaining to Applicant's devices.

X

Applicant Signature

Applicant Printed Name

Date

KDA USE ONLY: Application APPROVED []

REJECTED []

INCOMPLETE []

Date _____

(complete within 30 days)