RIVERINA HELICOPTERS

ABN: 66 002200713

PH: (02) 6964 9433 **email:** admin@rivheli.com.au **website**: www.rivheli.com.au

Client .....Farm No/Property Name…….....
Postal Address…….....
Date Required……...Date Booked…….....Time.....
Phone Number…….....Contact Name…….....
Mobile Number……..UHF Number…….....

FIELD NO	CROP	HA	CHEMICAL	RATE

Wind Direction Required.....Water Rate.....

PILOT USE ONLY

Date:.....VH.....

Swath.....RH%.....

FR.....PSI.....

Temp.....Wind...../.....

Ha/Ld.....Loads.....@.....

Nozzles:……..

TIME	TOTAL	HA	FUEL

***To ensure accuracy of this information, all neighbours with land adjoining or in proximity to the proposed treatment area should be consulted before answering the following* questions:**

Please tick appropriate box:

1. ☐ **Will field workers and neighbouring workers be present?**
2. ☐ **Has a map showing the fields and surrounding areas been provided?**

3. **Are there any special considerations for any of the following?**

- ☐ **Susceptible crops (including your neighbours crops)**
- ☐ **Pastures and Grasslands (including your neighbours property)**
- ☐ **Houses (permission is required if within 150m of treatment area)**
- ☐ **Roads and Stock Routes**
- ☐ **Grazing Stock**
- ☐ **Channels, Drains and Waterways**
- ☐ **Power Lines**
- ☐ **School Buses and Time*: ……* am …… pm**

If you have ticked any of the above please give details

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Print Name:..... Signature.....Date.....

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