

**APPLICATION FOR PEST CONTROL
EQUIPMENT REGISTRATION**

COUNTY _____

FOR CALENDAR ENDING DECEMBER 31, _____

NAME (under which applicant is engaged in business) _____

**LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE TYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING
OR HELICOPTER. FOR GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC.**

	Manufacture	Air	Ground	Equipment Type	Vehicle Lic or Aircraft "N" No.	Other ID
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS
TRUE AND CORRECT.**

SIGNATURE _____

DATE _____