

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

SIGNATURE

DATE
