

APPLICATION FOR PEST CONTROL EQUIPMENT REGISTRATION



FOR CALENDAR YEAR ENDING DECEMBER 31, _____

Company Name: _____

*****NOTE: EQUIPMENT LIST SHOULD BE PROVIDED WITH ALL PCB REGISTRATIONS**

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.

Manufacturer	Air	Ground	Equipment Type	Vehicle Lic. Or Vehicle "N" No.	Other ID

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

Signature

Date