

**APPLICATION FOR PEST CONTROL
EQUIPMENT REGISTRATION**

PR-ENF-058-(REV. 4/95)

_____ COUNTY

FOR CALENDAR YEAR 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.

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT "N" NO.	OTHER ID
1	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input type="checkbox"/>	<input type="checkbox"/>			
6	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input type="checkbox"/>	<input type="checkbox"/>			
11	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/>	<input type="checkbox"/>			
15	<input type="checkbox"/>	<input type="checkbox"/>			
16	<input type="checkbox"/>	<input type="checkbox"/>			
17	<input type="checkbox"/>	<input type="checkbox"/>			
18	<input type="checkbox"/>	<input type="checkbox"/>			
19	<input type="checkbox"/>	<input type="checkbox"/>			
20	<input type="checkbox"/>	<input type="checkbox"/>			

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

SIGNATURE	DATE
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