



Agricultural Commissioner
Edmund E. Williams

Chief Deputy
Korinne M. Bell



APPLICATION FOR PEST CONTROL: EQUIPMENT REGISTRATION FOR CALENDAR YEAR ENDING DECEMBER 31, _____

DBA/NAME: _____

PHONE: _____

PESTS TO BE CONTROLLED: () VERTEBRATE () WEEDS () AQUATIC () INSECTS () OTHER _____

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY e.g., FIXED WING, HELICOPTER, TRUCK, POWER DUSTER
BACK PACK, POLY TANK, etc.

	MANUFACTURER	EQUIPMENT TYPE	Number of Units	AIR or GROUND
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 EQUIPMENT IS PROPERLY MARKED ACCORDING TO 3CCR §6630 AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE : _____

DATE: _____