



Agricultural Commissioner

Korinne Bell

County Sealer

John Beall

Chief Deputy

Greta Varien

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	LIC # or "N" #	AIR or GROUND	OTHER I.D.
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: _____

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