APPLICATION FOR PEST CONTROL EQUIPMENT REGISTRATION

TUOLUMNE COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31,

NAME — (UNDER WHICH APPLICANT IS ENGAGED IN BU	SINESS)	Registration Type	License # [LIC NO. ISSUED FROM THE CA DEPT OF PESTICIDE REGULATION]
INDICATE APPLICABLE TYPE OF FOR GROUND, SHOW SPEED SP	EQUIPMENT: FOR AIRCR		R
MARK ONE OF THE FOLLOWING:			
SAME AS LAST YEAR: NOTHING WAS ADDED OR DELE	TED NO NEED TO LIST B	FLOW	
ADD SOME EQUIPMENT TO LAST YEAR'S LIST: LIST AD			
DELETE SOME EQUIPMENT FROM LAST YEAR'S LIST: I			
NEW REGISTRANT or SKIPPED LAST YEAR'S REGISTRA			
Make sure you sign and date each page and su			d the fee.
MANUFACTURE / EQUIPMENT TYPE	COLOR (TRUCK / AIRCRAFT)	AIR / GROUND	VEHICLE LIC # / AIRCRAFT "N" # EQUIPMENT #
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I hereby certify that my ground equipment is properly	marked and that the infe-	mation contained in	this application is true and correct
SIGNATURE:	murkea and that the Injor	DATE:	ans apprication is true una correct.