\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, 20\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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  1 | AIR GROUND  🞏 🞏 | EQUIPMENT TYPE | VEHICLE LIC, OR AIRCRAFT “N” NO. | | OTHER ID |
| 2 | 🞏 🞏 |  |  | |  |
| 3 | 🞏 🞏 |  |  | |  |
| 4 | 🞏 🞏 |  |  | |  |
| 5 | 🞏 🞏 |  |  | |  |
| 6 | 🞏 🞏 |  |  | |  |
| 7 | 🞏 🞏 |  |  | |  |
| 8 | 🞏 🞏 |  |  | |  |
| 9 | 🞏 🞏 |  |  | |  |
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| 16 | 🞏 🞏 |  |  | |  |
| 17 | 🞏 🞏 |  |  | |  |
| 18 | 🞏 🞏 |  |  | |  |
| 19 | 🞏 🞏 |  |  | |  |
| 20 | 🞏 🞏 |  |  | |  |
| ***I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MAKRED AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.*** | | | | | |
| SIGNATURE | | | | DATE | |