\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 APPLICABLETYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC. |
| MANUFACTURER1 | AIR GROUND🞏 🞏 | EQUIPMENT TYPE | VEHICLE LIC, OR AIRCRAFT “N” NO. | OTHER ID |
| 2 | 🞏 🞏 |  |  |  |
| 3 | 🞏 🞏 |  |  |  |
| 4 | 🞏 🞏 |  |  |  |
| 5 | 🞏 🞏 |  |  |  |
| 6 | 🞏 🞏 |  |  |  |
| 7 | 🞏 🞏 |  |  |  |
| 8 | 🞏 🞏 |  |  |  |
| 9 | 🞏 🞏 |  |  |  |
| 10 | 🞏 🞏 |  |  |  |
| 11 | 🞏 🞏 |  |  |  |
| 12 | 🞏 🞏 |  |  |  |
| 13 | 🞏 🞏 |  |  |  |
| 14 | 🞏 🞏 |  |  |  |
| 15 | 🞏 🞏 |  |  |  |
| 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 |