STATE OF CALIFORNIA

APPLICATION FOR PEST CONTROL EQUIPMENT REGISTRATION

PR-ENF-058 (REV. 4/95)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

_____ COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, ____

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	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT "N" NO.	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 GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE

DATE

(COUNTY USE ONLY)