

SACRAMENTO COUNTY AGRICULTURAL PEST CONTROL EQUIPMENT REGISTRATION

BUSINESS NAME: _____

ADDRESS WHERE EQUIPMENT IS STORED: _____

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE TYPE OF EQUIPMENT: FOR AIRCRAFT, INDICATE FIXED WING OR HELICOPTER. FOR GROUND, INDICATE SPEED SPRAYER, POWER DUSTER, POWER SPRAYER, HAND GUN, BACKPACK, OR HANDCAN. FOR POWER SPRAYER, PLEASE INDICATE TANK SIZE AND TYPE (POLY, FIBERGLASS, OR ALUMINUM).

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LICENSE OR AIRCRAFT N NUMBER	OTHER I.D.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

YES	NO	N/A	I HEREBY CERTIFY THAT MY GROUND EQUIPMENT:
			IS IDENTIFIED
			IS EQUIPPED WITH AN AIRGAP
			IS EQUIPPED WITH SHUT-OFF DEVICES, SPILL-PROOF HATCHES AND A SIGHT GAUGE (OVER 49 GALLONS)

AND THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS TRUE AND CORRECT.

SIGNATURE _____ DATE _____