

AMADOR 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 ID
1.	<input type="checkbox"/>	<input type="checkbox"/>			
2.	<input type="checkbox"/>	<input type="checkbox"/>			
3.	<input type="checkbox"/>	<input type="checkbox"/>			
4.	<input type="checkbox"/>	<input type="checkbox"/>			
5.	<input type="checkbox"/>	<input type="checkbox"/>			
6.	<input type="checkbox"/>	<input type="checkbox"/>			
7.	<input type="checkbox"/>	<input type="checkbox"/>			
8.	<input type="checkbox"/>	<input type="checkbox"/>			
9.	<input type="checkbox"/>	<input type="checkbox"/>			
10.	<input type="checkbox"/>	<input type="checkbox"/>			
11.	<input type="checkbox"/>	<input type="checkbox"/>			
12.	<input type="checkbox"/>	<input type="checkbox"/>			
13.	<input type="checkbox"/>	<input type="checkbox"/>			
14.	<input type="checkbox"/>	<input type="checkbox"/>			
15.	<input type="checkbox"/>	<input type="checkbox"/>			
16.	<input type="checkbox"/>	<input type="checkbox"/>			
17.	<input type="checkbox"/>	<input type="checkbox"/>			
18.	<input type="checkbox"/>	<input type="checkbox"/>			
19.	<input type="checkbox"/>	<input type="checkbox"/>			
20.	<input type="checkbox"/>	<input type="checkbox"/>			

I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE

DATE