

# County Registration

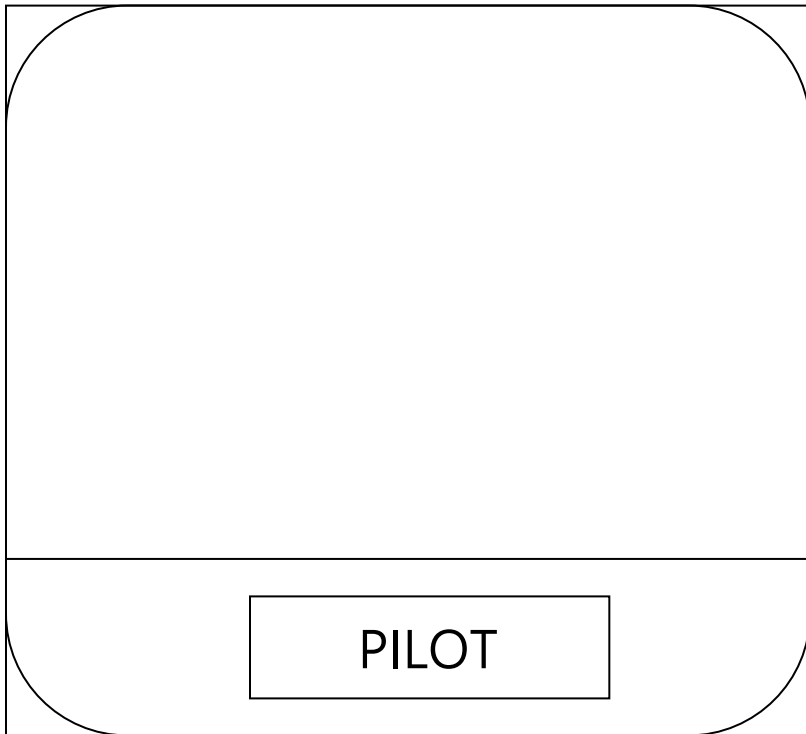
## Pest Control Aircraft Pilot

Registration Fee: \$ \_\_\_\_\_

Business Location:      Main      Branch

For Registration in the County of \_\_\_\_\_

Registration Expiration Date: **December 31, 202**\_\_\_\_



Business/Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Pilot's Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_

If Apprentice Pilot: Name of Journeyman Pilot Registered in County  
Providing Supervision \_\_\_\_\_

Pilot's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Rusty Lantsberger**

Agricultural Commissioner's Signature \_\_\_\_\_

Date \_\_\_\_\_