



GROUND / AERIAL OWNER OPERATOR ADDITIONAL EQUIPMENT REGISTRATION

License Number: _____ Date: _____
Company Name: _____ Phone Number: _____
Mailing Address: _____ City/State/ZIP: _____
Contact Person(s): _____

Equipment 1:

Make: _____ Model: _____ Identification Number: _____
Equipment Type: _____ Decal Number: _____

Equipment 2:

Make: _____ Model: _____ Identification Number: _____
Equipment Type: _____ Decal Number: _____

Equipment 3:

Make: _____ Model: _____ Identification Number: _____
Equipment Type: _____ Decal Number: _____

Equipment 4:

Make: _____ Model: _____ Identification Number: _____
Equipment Type: _____ Decal Number: _____

Equipment 5:

Make: _____ Model: _____ Identification Number: _____
Equipment Type: _____ Decal Number: _____

Enclose a \$50.00 registration fee for each piece of ground equipment

Number of Ground Equipment _____ x \$50.00 = _____ Total

Enclose a \$50.00 registration fee for each piece of ground equipment

Number of Aerial Equipment _____ x \$50.00 = _____ Total

Please return the form and remittance to:

Louisiana Department of Agriculture and Forestry
5825 Florida Blvd., Suite 1003
Baton Rouge, LA 70806

OFFICE USE												
Transmittal #												
Check #												
Date												
Amt. \$												.00