

CLEMSON[®]

U N I V E R S I T Y

Department of Pesticide Regulation

511 Westinghouse Road

Pendleton, SC 29670

864.646.2150

864.646.2179 (fax)

South Carolina Pesticide Applicator Vehicle Decal Order Form

Please print clearly. ALL information is required.

Please mail completed form to the address above or fax.

If you are ordering decals for more than one vehicle, please use the attached sheet to provide the required information for each vehicle.

Initial and date in the blanks provided.

Name: _____

Mailing Address: _____ / _____ / _____ / _____
Street or P.O. Box City State Zip Code

County: _____

Applicator / Business License Number: _____

Company Name: _____

Company Address: _____ / _____ / _____ / _____
Street or P.O. Box City State Zip Code

County: _____

Vehicle Identification Information

License Tag Number: _____ State: _____

Make and Model of Vehicle: _____ Color: _____

Number of Decals Requested: _____

(One decal for each side of vehicle.)

Signature: _____

Date

Vehicle Identification Information Addendum Sheet

License Tag Number: _____ **State:** _____

Make and Model of Vehicle: _____ **Color:** _____

Initial: _____ **Date:** _____

License Tag Number: _____ **State:** _____

Make and Model of Vehicle: _____ **Color:** _____

Initial: _____ **Date:** _____

License Tag Number: _____ **State:** _____

Make and Model of Vehicle: _____ **Color:** _____

Initial: _____ **Date:** _____

License Tag Number: _____ **State:** _____

Make and Model of Vehicle: _____ **Color:** _____

Initial: _____ **Date:** _____

License Tag Number: _____ **State:** _____

Make and Model of Vehicle: _____ **Color:** _____

Initial: _____ **Date:** _____

License Tag Number: _____ **State:** _____

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Initial: _____ **Date:** _____
