

**CLEMSON**<sup>®</sup>  
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.

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street or P.O. Box State Zip Code

County: \_\_\_\_\_

Applicator / Business License Number: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street or P.O. Box State Zip Code

County: \_\_\_\_\_

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### Vehicle Identification Information

License Tag Number: \_\_\_\_\_ State: \_\_\_\_\_

Make and Model of Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_

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Number of Decals Requested: \_\_\_\_\_  
(One decal for each side of vehicle.)

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Signature: \_\_\_\_\_

Date

**Vehicle Identification Information Addendum Sheet**

**License Tag Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Make and Model of Vehicle:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**License Tag Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Make and Model of Vehicle:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**License Tag Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Make and Model of Vehicle:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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