

**REGISTRATION FORM FOR
DEGESCH AMERICA, INC. RECERTIFICATION PROGRAM
APRIL 23, 2019**

NAME:

LAST NAME	FIRST NAME	MIDDLE
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HOME ADDRESS:

ADDRESS

CITY	STATE	ZIP CODE
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COMPANY: _____

BUSINESS TELEPHONE: _____

E-MAIL: _____

REGISTRATION FEE - \$205.00 (INCLUDES LUNCH) VISA AND MASTERCARD ARE ACCEPTED

MC _____ VISA _____ (PLEASE CHECK ONE)

ACCOUNT NO: _____ EXP DATE: _____ SECURITY CODE: _____
(3 DIGIT ON BACK)

NAME ON CARD: _____

BILLING ADDRESS: _____

SIGNATURE: _____

PROVIDE YOUR CERTIFICATION NUMBER NEXT TO THE STATE(S) FOR WHICH YOU REQUIRE CREDIT:

STATE _____ LICENSE No. _____	STATE: GA. AG. LICENSE No. _____
STATE _____ LICENSE No. _____	STATE: GA. ST. LICENSE No. _____
STATE _____ LICENSE No. _____	STATE: KY. AG. LISENSE No. _____
STATE _____ LICENSE No. _____	STATE: KY. ST. LICENSE No. _____
STATE _____ LICENSE No. _____	STATE: TX. AG. LICENSE No. _____
STATE _____ LICENSE NO. _____	STATE: TX. ST. LICENSE NO. _____

NC APPLICATORS: PLEASE GIVE: LTYPE _____ & FNUM _____

DUE TO NEW FEDERAL REGULATIONS, YOU WILL BE REQUIRED TO PROVIDE A PICTURE ID AND ALL APPLICATOR LICENSES FOR WHICH YOU WISH TO RECEIVE CREDIT