REGISTRATION FORM FOR
DEGESCH AMERICA, INC. RECERTIFICATION PROGRAM
APRIL 26, 2022
REGISTER BY 4/1/2022 TO PREVENT A LATE CHARGE

NAME:

_____
LAST NAME **FIRST NAME** **MIDDLE**

HOME ADDRESS:

_____
ADDRESS

_____
CITY **STATE** **ZIP CODE**

COMPANY: _____

BUSINESS TELEPHONE: _____

E-MAIL: _____

REGISTRATION FEE - $225.00 (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: LICENSE No._____
STATE_____ LICENSE No._____ STATE: LICENSE No._____
STATE_____ LICENSE No._____ STATE: LICENSE No._____
STATE_____ LICENSE No._____ STATE: LICENSE No._____
STATE_____ LICENSE No._____ STATE: TX. AG. LICENSE No._____
STATE_____LICENSE NO._____ STATE: TX. ST. LICENSE NO._____

NC APPLICATORS: PLEASE GIVE: LTYPE_____ & FNUM_____
NC DEALERS LICENSE: 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