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P.O. Box 765
Trinidad, CO 81082

Stoneco, Inc.

A Manufacturing and Engineering Development Corporation

BIRD SCARING DEVICE USER AUTHORIZATION

(PLEASE READ CAREFULLY)

For the possession or use of Bird Scaring Devices: *Shellcracker*
For the Sole Purpose of Controlling Destructive Birds and Animals.

(MUST READ SAFETY PRECAUTIONS AND DIRECTIONS BEFORE USE).

APPLICANT NAME: _____ DATE: _____

*ADDRESS: _____

*(THIS MUST BE THE EXACT LOCATION WHERE THE PEST CONTROL DEVICES WILL BE USED)

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ - _____ - _____

DRIVERS LICENSE: STATE _____ # _____

DATE OF BIRTH: _____ SSN _____

I hereby certify that I have a bona fide agricultural or bird control use for these pest control devices and certify that they will be used **ONLY** for bird or animal control purposes, I further understand that any other use of these items is **STRICTLY PROHIBITED BY LAW.** **NO ORDER WILL BE SHIPPED WITHOUT THIS COMPLETED FORM ON FILE.** **THESE ITEMS MUST BE STORED IN A LOCKED SECURED AREA AWAY FROM FIRE. INVENTORY CONTROL MUST BE KEPT ON THESE ITEMS. PLEASE INITIAL THE BOX BELOW STATING YOU UNDERSTAND THIS STATEMENT AND YOU HAVE READ AND UNDERSTAND THE SAFETY PRECAUTIONS AND DIRECTIONS.**



(Signature of Applicant)

This bottom portion **MUST** be completed and signed by a **Local or State Authority** (i.e.-Division of Wildlife Officer, Local Police Dept., Local Sheriff's Office, Dept. of Natural Resources) **in your area.** This authorization is valid only for the use, possession and purchase of **Bird Scaring Devices** specified above and only by the person specified above. In accordance with the information set forth above, permission is hereby granted for purchase/use/possession of the specified **Bird Scaring Devices.**

AUTHORIZING AGENCY: _____ DATE: _____

SIGNATURE OF AUTHORIZING AGENT: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

FACILITY: 36900 EL MORO ROAD – TRINIDAD, CO 81082