

Wilson Irrigation

1104 E. Mead Avenue, Yakima, WA 98903
Telephone: 509-453-9983 Fax: 509-453-1258

WILDLIFE CONTROL STATEMENT

Name: _____

Company Name: _____

Address: _____

_____ Zip: _____

Phone: () _____

Drivers License Number: _____ State: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number or TIN: _____

PEST TO BE DETERRED (TYPE OF BIRDS OR WILDLIFE:

INVESTMENT TO PROTECT (KIND OF CROP, STRUCTURE OR AREA):

The purpose of this statement is to identify the person(s) responsible for safe use of wildlife pest control products purchased from Wilson Irrigation and to warn those persons that launchers and pyrotechnics are dangerous and must be used according to instructions and with caution.

1. Hand Held Launchers, Bird Bangers, Screamer Sirens, Shot Tell, and CAPA are for use in wildlife pest control ONLY.

2. Instructions for proper use come with each product. In these instructions, Wilson Irrigation recommends the use of ear and eye protection with all pyrotechnics. Protection devices are available through Wilson Irrigation.

3. Wilson Irrigation shall not be held responsible for any injury resulting from the use or handling of these devices whether or not used in accordance with directions.
4. The buyer agrees to secure local and state use permits as required.
5. The buyer of explosive products must be 21 years of age or older.
6. The buyer hereby accepts said material subject to all terms hereof.
7. Please be advised that all Wilson Irrigation sales records for pyrotechnics and related shipping documents are available to and are subject to examination and review by the Bureau of Alcohol, Tobacco and Firearms, the Department of the Treasury, and the United States Department of Transportation.

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 and animal control purposes. I further understand that any other use of these items is STRICTLY PROHIBITED BY LAW.

I have read and understand all of the above statements.

Signature: _____ Date: _____

NO ORDER WILL BE SHIPPED WITHOUT THIS COMPLETED FORM ON FILE. COMPLETED FORMS ARE VALID FOR ONE YEAR.

This form must be completed and faxed to 509-453-1258 or mailed to the following address:

**Wilson Irrigation
1104 E. Mead Ave.
Yakima, WA 98903**