15-DPT-AD
FORM 301 AA(1/89)

White - County Assessor's Copy
Yellow - Port of Entry Copy
Pink - Owner's Copy

MOVABLE EQUIPMENT
CERTIFICATION OF AD VALOREM TAXATION

A. To Be Completed By Property Owner or Agent

Owner's Name			Telephone No.	
Owner's Address	City	County	State	Zip

B. To Be Completed By Property Owner or Agent

DESCRIPTION OF MOVABLE EQUIPMENT

Year	Make	Model	Description of Equipment *(Include All Attachments. For Drilling Rigs, add drilling depth)*	**Drilling Depth** *(if applicable)*	Serial or Identification Number	Date of Purchase	Purchase Price

C. To Be Completed By Assessor

Place County Seal Below

CERTIFICATION OF ASSESSMENT

Assessor of _____ County

I hereby certify that the above listed items of movable equipment ☐ have been valued ☐ will be valued and assessed for ad valorem taxation in _____ County for the _____ year of assessment, taxes payable in _____.

Schedule No. or Ownership Control No. _____

_____ Signature of Assessor or Deputy

_____ Date