



**AERIAL LICENSE APPLICATION**

1. Applicant: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Home Mailing Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (ZIP)

Home Telephone: \_\_\_\_\_

2. Employer: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_

4.  Check One:     Principal     Operator     Agent

5.a. FAA Licenses; Ratings; Dates; Hours: \_\_\_\_\_

b. I hold an active agricultural license in the state(s) of: \_\_\_\_\_

to perform aerial pest control work in the following categories: \_\_\_\_\_

c. Number of agricultural aerial pest control hours logged: \_\_\_\_\_

Check categories applied for:

6. **A. Aerial application of pesticides**

1. Agriculture Plant Pests.....

2. Weeds.....

<u>Date Passed:</u>	<u>Approved:</u>
_____	_____
_____	_____
_____	_____
_____	_____

D.  **Laws** (Principal Only).....

E.  **Core**.....

7. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Applicant's Signature) (Date)

8. The undersigned Principal of the firm named on line 2 above, hereby endorses the above application, and requests that the applicant's license be granted for the period ending December 31, 20\_\_\_\_.

\_\_\_\_\_ (Principal's Signature) \_\_\_\_\_ (Date)

**DEPARTMENTAL USE ONLY**

License Issued On: \_\_\_\_\_ By: \_\_\_\_\_ Receipt #: \_\_\_\_\_ License #: \_\_\_\_\_

**CHILD SUPPORT INFORMATION**

Each pest control license applicant **must check**  the appropriate response below. Failure to check one of the three boxes below, or failure to provide your social security number or failure to sign and date the application, will result in the automatic denial of your license application (NRS 555.290, 555.325)!

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR
- I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**CEU: STATEMENT FOR 20\_\_\_\_\_ (NAC 555.372)**


- New license for the first time.
- Reinstatement of a 20\_\_\_\_\_ license (rehire/transfer)
- Reinstatement of a 20\_\_\_\_\_ license/ **COMPLETE BELOW** (proof of 6 CEU's required)

I have acquired the minimum number of CEU's necessary to re-instate my Nevada pest control license.

Course #	Course Title	Provider	CEU's

Applicant's Social Security number:  \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

 \_\_\_\_\_  
Signature of Applicant

 \_\_\_\_\_  
Date