

NEVADA DEPARTMENT OF AGRICULTURE **GROUND LICENSE APPLICATION**



	Applicant			A.	
	(Last Name)	(First Name)	(Middle Initial)		
	Home Mailing Address				
	(Street or P.O. Box)	(City)	(State)	(Zip)	
	Home Telephone				
	Employer				
	Previous Employer				
	Check One: ☐ Principal ☐ Operator ☐	Agent			
	I hold an active license in the state(s) of: to perform p				
	control work in the following categories:				
	Check categories applied for:	DEPARTMENTAL I	JSE ONLY		
В.	Agricultural ground pest control	Date Passed:	Approved:		
	□1. Agriculture Plant Pests				
	□2. Weeds				
	□3. Vertebrate Pests				
	□4. Soil Fumigation				
C.	Urban and structural pest control				
	□1. Limited Landscape				
	□2. Industrial and Institutional				
	□3. Structural				
	□4. Fumigation				
	□5. Aquatic				
	□6. Weeds□7. Preservation of Wood				
D.	□ Laws (Principal Only)				
E.	□Core				

License Issued On: ______ By: _____ Receipt #: _____ License #

CHILD SUPPORT INFORMATION

Each pest control license applicant **must** check I 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. \Box 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, amending a current license (adding a category) Reinstatement of a 20 license (rehire/transfer – current year) П 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