



NEVADA DEPARTMENT OF AGRICULTURE
INACTIVE LICENSE APPLICATION



1. Applicant (Last Name) (First Name) (Middle Initial)

Physical Address (Street) (City) (State) (Zip)

Home Mailing Address (Street or P.O. Box) (City) (State) (Zip)

2. Home Telephone

3. E-mail

4. Check One: Principal Operator Consultant Demonstration

5. Nevada License #

6. Check categories being placed inactive:

A. Aerial pest control

1. Insect pests 2. Weeds 3. Desiccants & defoliants 4. Fungi pests

B. Agricultural ground pest control

1. Insect pests 2. Weeds 3. Desiccants & defoliants 4. Fungi pests 5. Vertebrate pests

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 8. Cooling towers

7. Date of Birth

8. Social Security Number

- I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
FURTHER, I UNDERSTAND THAT I WILL NOT ENGAGE IN PEST CONTROL IN ANY CATEGORY WHILE MY LICENSE IS INACTIVE AND THAT MY LICENSE WILL EXPIRE ON DECEMBER 31,
FURTHERMORE, I UNDERSTAND THAT I AM STILL SUBJECT TO THE PESTICIDE CONTINUING EDUCATION REQUIREMENTS WHILE MY LICENSE IS INACTIVE.
IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

9. (Applicant's Signature) (Date)

2300 E. St. Louis Ave.
Las Vegas, NV 89104
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