



Government Agency – Pest Control Registration
Plant Industry

Agency Name _____

Agency Address _____
Street or P.O. Box City State Zip

Pest Control Supervisor _____
Last Name First Name

Supervisor Phone _____ Fax _____

Supervisor Cell _____ Supervisor Email _____

All locations where pest control operations are conducted from:

Location 1 _____
Street or P.O. Box City State Zip

Location 1 Phone _____

Location 2 _____
Street or P.O. Box City State Zip

Location 2 Phone _____

Location 3 _____
Street or P.O. Box City State Zip

Location 3 Phone _____

Check all relevant categories:

License Categories	Fumigation Categories
<input type="checkbox"/> G1 – Invertebrate (Aquatic)	<input type="checkbox"/> G8 – Commodity
<input type="checkbox"/> G2 – Invertebrate (Terrestrial)	<input type="checkbox"/> G9 – Rodent Burrow
<input type="checkbox"/> G3 – Weeds (Aquatic)	<input type="checkbox"/> G10 – Soil
<input type="checkbox"/> G4 – Weeds (Terrestrial)	
<input type="checkbox"/> G5 – Plant Diseases	
<input type="checkbox"/> G6 – Vertebrate (Aquatic)	
<input type="checkbox"/> G7 – Vertebrate (Terrestrial)	

Supervisor Signature _____ Date _____

2300 E. St. Louis Ave.
 Las Vegas, NV 89104
 Phone (702) 668-4590, Fax (702) 668-4567

405 South 21st Street
 Sparks, NV 89431
 775-353-3601

Departmental Use Only

Date Issued: _____ By: _____ Receipt #: _____ License #: _____