

NEVADA DEPARTMENT OF AGRICULTURE INACTIVE LICENSE APPLICATION



Receipt #:_____

1.	Applicant						
		(Last Name)		(First Name)		(Middle Initial)	
	Physical Address						
		(Street)		(City)	(State)	(Zip)	
	Home Mailing Address	3					
		(Street or P.O. Box)		(City)	(State)	(Zip)	
2.	Home Telephone						
3.	E-mail						
4.		rincipal 🛛 🗆 Operator		Demonstration			
5. Nevada License #							
6.	Check categories b	eing placed inactive:					
	A. Aerial pest cor	ntrol					
		2. Weeds 3 . Desicca	nts & defoliants	4 Fundi pests			
	B. Agricultural ground pest control						
	\Box_1 . Insect pests \Box_2 . Weeds \Box_3 . Desiccants & defoliants \Box_4 . Fungi pests \Box_5 . Vertebrate pests						
	C. Urban and structural pest control						
	\Box_1 . Limited landscape \Box_2 . Industrial and institutional \Box_3 . Structural \Box_4 . Fumigation						
		6. Weeds \Box_7 . Pre			•		
				o. Cooning tower	5		
7.	Date of Birth						
8.	Social Security Numbe	۶r					
•	IDO 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.							
	(A	pplicant's Signature)		(Date)			
	St. Louis Ave. Jas, NV 89104			405 S. 21 st Street Sparks, NV 89431			
	702) 668-4590, Fax (702) 668-4567			Phone (775)353-3712, Fax (775)353-3	713	
DEPARTMENTAL USE ONLY							

by: _____

License Issued On: _____