

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: _____