

RFDL No.:



STATE OF NEVADA

DEPARTMENT OF AGRICULTURE
405 South 21st Street
Sparks, Nevada 89431

APPLICATION FOR DEALERS LICENSE TO SELL RESTRICTED FERTILIZER

Application is hereby made for a license to sell fertilizer which is classified as Restricted to consumers or users for calendar year ending December 31, 20____. Remittance payable to Nevada Department of Agriculture in amount of \$25.00 is enclosed herewith.

Dealer / Company Name & Address

Company: _____ Attention: _____

Dealer Name: _____ E-Mail: _____

Address: _____ Telephone/Fax: _____

City, State, Zip: _____

List Agent(s) by Name and Location
include contact email and phone number

I hereby certify that the information appearing on this application is true and correct; that each person licensed to sell Restricted Fertilizer to consumers or users will maintain and keep records for a period of 2 years on all sales of Restricted Fertilizer including all information required by NRS 588.295.

Signature: _____

Date _____

Name: _____

Title _____