Registry for Sales of Restricted Use Pesticides
Plant Industry Division

Nevada Department of Agriculture

Report for the month of_____20_____

Dealer Number:

Date	Name of Purchaser (Please Print)	Applicator Categories & Exp. Date	Address	Certification Number	Brand Name of Pesticide	Quantity Sold (Include Units)	EPA Reg. No.

I certify that the above entries are accurate and true to my knowledge. **Dealer's Location:**

Name of Registered Dealer: Dealer's Signature: Phone No. Date:

Send NDA copy within 15 days after close of month to: 405 South 21st Street, Sparks, NV 89431; or scan copy to nvchem@agri.nv.gov