

## **NEVADA DEPARTMENT OF AGRICULTURE**

405 S. 21<sup>st</sup> St. Sparks, Nevada 89431 (775) 353-3712

☐ 1<sup>st</sup> Time Certifying

2300 E. St. Louis Ave. Las Vegas, Nevada 89104 (702) 668-4590

 $\square$  Re-certifying by Exam

4780 E. Idaho St. Elko, NV 89801 (775) 738-8076

□ Adding Categories



## APPLICATION FOR RESTRICTED USE PESTICIDE CERTIFICATION

Test Date:		-	
Applicant:			Date of Birth:
, tppoa	Last Name	First Name M.I.	Date of Birth.
Mailing Addr	<mark>ess</mark> :street or PO B		
	Street or PO B	ox City	State Zip Code
DBA/Employ	ed by:		
		Company/Employer's Name	
Primary Pho	ne: ()	E-mail:	
□ <u>NO</u>	N-PRIVATE AP	PLICATOR — At least one category is required.	
Applied	Category Code	Description	Score
		General	
	Α	Agricultural Plant Pest Control	
	В	Agricultural Animal Pest Control	
	С	Forest Pest Control	
	D	Ornamental & Turf Pest Control	
	E	Seed Treatment Pest Control	
	F	Aquatic Pest Control	
	G	Right-of-Way Pest Control	
	Н	Industrial, Institutional & Structural Pest Control	
	K	Public Health Pest Control	
	L2	Non-soil Fumigation	
	L3	Soil Fumigation	
	N	Predatory Control/M-44	<del></del>
□ PR	IVATE APPLICA	ATOR — Categories are optional.	
Note: Private ap	plicators include private farn	ns, cannabis cultivation, etc. Cannabis cultivation can only obtain "G	eneral" certification.
Applied	Category Code	Description	Score
		General	
	L2	Non-soil Fumigation	
	L3	Soil Fumigation	
	N1 1		Dec -int Ni
Expiration:	Number:	Test/Re-Certification Location: Fee:	Receipt Number: