STATE OF NEVADA
DEPARTMENT OF AGRICULTURE
405 South 21st Street Sparks, Nevada 89431
(775) 353-3600 Fax: (775) 353-3638
www.agri.nevada.gov

APPLICATION FOR CERTIFICATE OF ORIGIN FOR EQUIPMENT

Print and complete this form and return by Fax to the number shown below

DATE: _____ DESTINATION (Country and/or State):_____

DESCRIPTION OF THE EQUIPMENT (Attach additional pages as necessary)

Name and address of applicant:	Name & address of shipper:
Type of equipment:	Equipment make/model:
Equipment/Vehicle ID Number(s):	Place of origin

_____ I certify to the Department that the equipment listed above has not been used in Elko County, Nevada or in any area where cereal leaf beetle is known to occur*, for a period of one year prior to this application.

_____ _____

Applicant Signature **Date**

* The states or parts of states of Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Montana, New Jersey, New York, New Hampshire, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Tennessee, Utah, Vermont, Virginia, West Virginia, Washington, Wisconsin, and the District of Columbia, and parts of Canada.

Allow 2 business days for your certificate to be processed and returned to you.

Requesting Company Name and Address:

_____ Attn:_____
Company/Individual Name

_____
Mailing Address City State Zip

_____ _____
Fax Email

_____
Person to contact regarding this application
How do you want the certificate returned to you: ___Fax ____Email ____ Standard mail to address shown above
___Fed Ex/UPS Your Account #_____

RETURN BY FAX OR EMAIL:

Fax: 775-353-3638 Attn: Jamie Thompson OR Email to: jthompson@agri.nv.gov