



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

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

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

DESCRIPTION OF THE CONSIGNMENT

Name and address of exporter:	Name & address of consignee:
Name of product and quantity declared:	Botanical name of plants (if known):
Number & description of packages:	Distinguishing marks:
Place of origin:	Means of conveyance:
	Point of entry (if known):

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

Phone 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 # _____

Additional information: _____

RETURN BY FAX OR EMAIL:

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