

Application for Certificate of Origin
 Plant Industry Division



Application for Certificate of Origin Certificate of Origin for Farm Equipment

Name of applicant _____
 Business name (if applicable) _____
 Physical address (city, state, zip) _____
 Phone _____ Email _____

Name and address of the exporter	Name and address of the consignee
Name of product and quantity declared	Botanical name(s) [if applicable]
Number and description of packages	Distinguishing marks
Place of origin	Declared means of conveyance
Treatment [if applicable]	Point of entry / destination

Location to send certificate		Billing address	
Name		Name	
Mailing address		Mailing address	
Mailing state		Mailing state	
Mailing zip		Mailing zip	
Business Acc. #	FedEx:	UPS:	Other:

Please return to 405 South 21st Street, Sparks, NV 89431 ATTN: Export Program
 or digitally to:
dlozada@agri.nv.gov
 FAX: 775-353-3638

405 South 21st St.
 Sparks, NV 89431

2300 East St. Louis Ave.
 Las Vegas, NV 89104

4780 East Idaho St.
 Elko, NV 89801