

**Application for State Certificate**  
Plant Industry Division



Application for ☐ Certificate of Origin ☐ Phytosanitary Certificate

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)
Number and description of packages	Distinguishing marks
Place of origin	Declared means of conveyance
Treatment	Point of entry or 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](mailto: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

**agri.nv.gov**