

**STATE OF NEVADA  
DEPARTMENT OF AGRICULTURE  
405 South 21<sup>st</sup> Street Sparks, NV 89431  
Telephone: (775) 353-3600 Fax: (775) 353-3638  
www.agri.nevada.gov**

**APPLICATION FOR STATE PHYTOSANITARY CERTIFICATE**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
Address City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of person requesting this certificate: \_\_\_\_\_

**DESCRIPTION OF THE CONSIGNMENT**

Name and address of exporter:	Name & address of consignee:
Name of product(s) and quantity declared (attach additional page if necessary):	Botanical name(s) (attach additional page if necessary):
Number & description of packages:	Distinguishing marks:
Place of origin:	Declared means of conveyance:
	Point of entry:

<b>Send Certificate To:</b>	<b>Billing To:</b>

NDOA Use Only:

Inspected by \_\_\_\_\_  
by \_\_\_\_\_

Date \_\_\_\_\_

Issuing Office \_\_\_\_\_  
Prepared