



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



## APPLICATION FOR CERTIFICATE OF ORIGIN EQUIPMENT

Print and complete this form and return by Fax to the number shown below  
 DESTINATION (Country and/or State): \_\_\_\_\_

DATE: \_\_\_\_\_

### DESCRIPTION OF THE CONSIGNMENT

Name and address of exporter:	Name & address of consignee:
Type of equipment (e.g. "baler"):	Equipment make:
Number of pieces of equipment:	Distinguishing marks/vehicle identification number:
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 application by fax to: 775-353-3638 Attn: \_\_\_\_\_**