

Government Pest Control License ApplicationPlant Industry

Applicant:			
Last Name		First Name	Middle Initial
Home Mailing Add	lress		
J	Street or P.O. Box	City	State Zip
Home Telephone __	Em	nail	
Employer		_ Supervisor	
Contact Address			
contact Address	Street or P.O. Box	City	State Zip
Do you hold a licer	nse in another state?	State Licensed _	
License Categories		License Number	
License Categorie	es (check all that apply)		Testing
		DEPARTMENTAL USE ONLY	
		Date Passed	Approved By
Core Exam			
G1 – Inverteb	rate (Aquatic)		
G2 – Inverteb	rate (Terrestrial)		
■ G3 – Weeds (A)	Aquatic)		
□ G4 – Weeds (⁻	Terrestrial)		
G5 – Plant Dis	eases		
G6 – Vertebra	te (Aquatic)		
G7 – Vertebra			
Fumigation Categories (check all that apply)		Testing	
	11.77	DEPARTMENTAL USE ONLY	
		Date Passed	Approved By
G8 – Commod	litv		
G9 – Rodent E	•		
☐ G10 – Soil			
Applicant's Signature		Date	Date of Birth
Supervisor's Signature		Date	
2300 E. St. Louis Ave.			ADE Courth 34 at Chinase
Las Vegas, NV 89104			405 South 21st Street Sparks, NV 89431
Phone (702) 668-4590,	Fax (702) 668-4567		775-353-3601
	Departme	ntal Use Only	
Date Issued:	By: Receip	n†#: Lic	ense #:
	57 Neccip	· · · · LIC	