



## Government Pest Control License Application

### Plant Industry

Applicant: \_\_\_\_\_  
Last Name First Name Middle Initial

Home Mailing Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Contact Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Supervisor Telephone \_\_\_\_\_

Nevada Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate Categories: \_\_\_\_\_

License Categories (check all that apply)	Certification Categories
<input type="checkbox"/> G1 – Invertebrate (Aquatic)	F M
<input type="checkbox"/> G2 – Invertebrate (Terrestrial)	A C D H I J K
<input type="checkbox"/> G3 – Weeds (Aquatic)	F
<input type="checkbox"/> G4 – Weeds (Terrestrial)	A C D E G R
<input type="checkbox"/> G5 – Plant Diseases	A C D
<input type="checkbox"/> G6 – Vertebrate (Aquatic)	F
<input type="checkbox"/> G7 – Vertebrate (Terrestrial)	A C D H I

Fumigation Categories (check all that apply)	Certification Categories
<input type="checkbox"/> G8 – Commodity	L1
<input type="checkbox"/> G9 – Rodent Burrow	L2
<input type="checkbox"/> G10 – Soil	L3

\_\_\_\_\_  
Applicant's Signature Date Date of Birth

\_\_\_\_\_  
Supervisor's Signature Date

2300 E. St. Louis Ave.  
Las Vegas, NV 89104  
Phone (702) 668-4590, Fax (702) 668-4567

405 South 21st Street  
Sparks, NV 89431  
775-353-3601

#### Departmental Use Only

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_ Receipt #: \_\_\_\_\_ License #: \_\_\_\_\_