Nevada Department of Agriculture
Pest Control Operator License Application

1. Applicant

(Last Name) ____________ (First Name) ____________ (Middle Initial)

Home Mailing Address ____________ ____________ ____________

(Street or P.O. Box) (City) (State) (Zip)

Home Telephone ____________________

2. Employer ___________________________________________________________________

3. Previous Employer ___________________________________________________________________

4. Check One: ☐ Principal ☐ Operator ☐ Agent ☐ Consultant ☐ Demonstration

5. I hold an active license in the state(s) of: ____________________________ to perform pest control work in the following categories: ________________________________

Check categories applied for:

6. B. Agricultural Ground Pest Control

☐ 1 Plant Pests..............................................................
☐ 2 Weeds..............................................................
☐ 3 Vertebrate Pests...................................................
☐ 4 Soil Fumigation...................................................

C. Urban/Structural Pest Control

☐ 1 Limited Landscape..............................................
☐ 2 Industrial & Institutional.................................
☐ 3 Structural........................................................
☐ 4 Fumigation........................................................
☐ 5 Aquatic...........................................................
☐ 6 Weeds............................................................
☐ 7 Preservation of Wood........................................
☐ 8 Golf/Sports Complex...........................................

D. ☐ Laws ..................................................................

E. ☐ Core ..................................................................

7. _______________ _______________ Date of Birth: ________________

(Applicant’s Signature) (Date) (Date)

8. The undersigned Principal of the firm named on line 2 above, hereby endorses the above application, and requests that the applicant’s license be granted for the period ending December 31, __________.

__________________________ _____________________

(Principal’s Signature) (Date)

2300 E. St. Louis Ave. 405 S. 21st Street
Las Vegas, NV 89104 Sparks, NV 89431
Phone (702) 668-4590 Fax (702) 668-4567 Phone (775) 353-3712 Fax (775) 353-3713

License Issued On: ______________ By: __________ Receipt #: __________ License #: DEPARTMENTAL USE ONLY
Child Support Information

Each pest control license applicant must check the appropriate response below. Failure to check one of the three boxes below, or failure to provide your social security number or failure to sign and date the application, will result in the automatic denial of your license application (NRS 555.290, 555.325)

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

OR

☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Continuing Education

☐ New license for the first time.

☐ Reinstatement of a 20_____ license

☐ Reinstatement of a 20_____ license/ COMPLETE BELOW (proof of 6 CEU’s required)

I have acquired the minimum number of CEU’s necessary to re-instate my Nevada pest control license.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Provider</th>
<th>CEU’s</th>
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Applicant’s Social Security number: ___________ -- _______ -- _____________ ________

_________________________________ ___________________
Signature of Applicant Date