Aerial/Agricultural Ground Test Application/Score Sheet

Applicant: ___________________________________________ ____________

Last Name First Name Middle Initial

Home Mailing Address ____________________________________________________

Street or P.O. Box City State Zip

Home Telephone ___________________ Email ______________________________

Employer ___________________ Date of Birth ______________________________

☐ Principal ☐ Operator ☐ Agent ☐ Consultant ☐ Demonstration

Fee Received ____________ Receipt # ____________

☐ Aerial (A) ☐ Agricultural Ground (B) ☐ Consultant

Do you hold a license in another state? State Licensed ____________________

License Categories ____________________________ License Number ______________

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License Categories (check all that apply) Testing

<table>
<thead>
<tr>
<th>License Categories</th>
<th>DEPARTMENTAL USE ONLY</th>
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<td>Applied For</td>
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☐ Core Exam

☐ Laws

☐ A1 – Aerial Plant Pests

☐ A2 – Aerial Weeds

☐ B1 – Agricultural Plant Pests

☐ B2 – Weeds

☐ B3 – Vertebrate Pests

☐ B4 – Soil Fumigation

______________________________________ ____________ ____________

Applicant’s Signature Date Date of Birth

______________________________________ ____________

Supervisor’s Signature Date

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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