



NEVADA PEST CONTROL APPLICATION FOR PRINCIPAL PEST CONTROL LICENSE EXAMINATION



THIS FORM MUST BE SUBMITTED TO THE NEVADA DEPARTMENT OF AGRICULTURE

QUALIFICATIONS FOR EXAMINATION: ALL APPLICANTS MUST MEET THE REQUIREMENTS STATED BELOW BEFORE SCHEDULING AN EXAMINATION AND SHALL FILE PROOF OF MEETING THESE REQUIREMENTS WHEN SUBMITTING THE PEST CONTROL EXAMINATION APPLICATION.

Qualification for examination as a Principal:

Documentation of two years of pesticide application experience (excluding agent experience). Experience shall be substantiated through statements from impartial third parties associated with the agricultural or pest control industry. These may include, but are not limited to, the United States Department of Agriculture, state departments of agriculture, pest control boards, or county extensions. Submit written verification on official letterhead. Other documentation may be acceptable to the Department.

or

Documentation of six months of practical experience in pesticide application or related pest control in the category applied for and proof of not less than 16 semester college credit hours in biological sciences of which not less than eight hours must be in subjects directly related to the field of pest control in which the applicant desires to be licensed.

“Credit hours in biological sciences” include courses in, but not limited to, biology, botany, entomology, zoology, agronomy, horticulture, nematology, plant pathology and courses similarly derived.

“Directly related pest control” courses include economic entomology, integrated pest management, plant pathology and similar courses in the identification and control of pests through the use of pesticides.

“Related pest control” experience includes technical field representative work, termite inspection for private or governmental entities or consultant on staff of area or regional consulting firm. Other experience may be evaluated.

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

405 S. 21st Street
Sparks, NV 89431
Phone (775)353-3712, Fax (775)353-3713

IMPORTANT!

THIS PAGE IS INTENDED FOR NEW PRIMARY PRINCIPAL APPLICANTS ONLY.

NEW PRIMARY PRINCIPAL CRIMINAL HISTORY CHECK-

Please note, all NEW Primary Principal applicants are subject to FBI and State criminal history checks. NEW Primary Principal applicants are required to submit two sets of fingerprints on a fingerprint card SUPPLIED BY THE NEVADA DEPARTMENT OF AGRICULTURE.

Primary Principal applicants who have been convicted of a felony, or have committed a crime of moral turpitude (molestation, rape, drug trafficking, etc.) are required to provide information about their conviction on a Criminal Conviction Disclosure form supplied by the Nevada Department of Agriculture. Information presented on the form will be subject to review by the Nevada Department of Agriculture. Applicants with prior convictions MAY be subject to license denial.

DUE TO THE TIME IT TAKES TO COMPLETE THE FINGERPRINTING PROCESS AND NECESSARY PAPERWORK, EACH NEW PRIMARY PRINCIPAL APPLICANT IS ADVISED TO CONTACT THE NEVADA DEPARTMENT OF AGRICULTURE OFFICE IN SPARKS, NEVADA, AS SOON AS POSSIBLE TO RECEIVE A FINGERPRINT CARD AND THE REQUIRED FORMS AND OTHER INFORMATION. IN ADDITION, ALL QUESTIONS RELATING TO CRIMINAL HISTORY CHECKS, COMPLETION OF THE FORMS, ETC., ARE TO BE DIRECTED TO THE NEVADA DEPARTMENT OF AGRICULTURE'S HEADQUARTERS OFFICE IN SPARKS, NEVADA.

In addition to submitting fingerprints and a Criminal Conviction Disclosure form, new Primary Principal applicants will also be required to provide information about their pest control license history. Primary Principal applicants who have held a pest control license in another state must state whether they have ever had their pest control license, or permit to conduct pest control, denied, revoked, or suspended; and if so, the reason(s) for the denial, revocation or suspension.

FOR ALL REQUESTS ABOUT THE FINGERPRINT CARDS, FORMS, CRIMINAL HISTORY CHECKS, ETC., CONTACT MARY HOSSAY, AT (775) 353-3712

Application for Principal Pest Control License Examination

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APPLICANT'S FULL NAME: _____

MAILING ADDRESS: _____
Mailing Address (Street # and Street Name)

_____ City State Zip Code

TELEPHONE: _____ FAX: _____

E-MAIL: _____ @ _____

- OFFICIAL TRANSCRIPTS BEING SENT
- VERIFICATION OF PREVIOUS LICENSING/WORK EXPERIENCE BEING SENT
- VERIFICATION OF PREVIOUS LICENSING/WORK EXPERIENCE ATTACHED
- TWO OR MORE YEARS OF LICENSED EXPERIENCE IN NEVADA

I understand that according to NAC 555.320:

I must have two years of pest control application experience or six months experience and 16 semester college credits related to pest control in order to be examined. Examination categories must be in the area of my experience.

List below places of employment for which you will provide verification from State licensing officers. Give full name, address, telephone number of supervisor, dates and categories of experience and have letters verifying experience and official transcripts sent to this office.

TESTS WILL NOT BE SCHEDULED UNTIL PROOF OF EXPERIENCE AND/OR OFFICIAL TRANSCRIPT IS RECEIVED BY THIS OFFICE FROM THE PROPER AUTHORITY IN YOUR STATE.

Dates Licensed: _____ (From) _____ (To)

Name of Company: _____

Address of Company: _____
Mailing Address (Street # and Street Name)

_____ City State Zip Code

Name of Supervisor: _____

Telephone: _____

Categories of License: _____

I understand that fraudulent or deceptive information given to obtain a license is grounds for denial of testing and/or suspension or revocation of license. I further understand that the violation of NRS 555.2605 to 555.420 inclusive or the regulations issued there under is punishable as a misdemeanor.

_____ (signature) _____ (date)

For Agency Use Only

- Approved -- Categories: _____
- Disapproved

Date: _____ Initials: _____

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Additional companies you were licensed with:

Pest Control Company #2:

Dates Licensed: _____
(From) (To)

Name of Company: _____

Address of Company: _____
Mailing Address (Street # and Street Name)

City State Zip Code

Name of Supervisor: _____

Telephone: _____

Categories of License: _____

Pest Control Company #3:

Dates Licensed: _____
(From) (To)

Name of Company: _____

Address of Company: _____
Mailing Address (Street # and Street Name)

City State Zip Code

Name of Supervisor: _____

Telephone: _____

Categories of License: _____