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Governor

STATE OF NEVADA

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APPLICATION FOR PRINCIPAL PEST CONTROL LICENSE EXAMINATION

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.

- (1) Qualification for examination as a Principal:
 - a. Documentation of 2 years of pesticide application experience (excluding agent experience). Experience shall be substantiated through work records, Xerox copies of other state licenses, or other documentation* acceptable to the Department, OR...
 - b. Documentation of 6 months of practical experience in pesticide application or related pest control in the category applied for and proof of not less than 16 college credit hours in biological sciences of which not less than 8 hours must be in subjects directly related to the field of pest control in which the applicant wished to be licensed.
 - c. "Credit hours in biological sciences" include courses in, but not limited to, biology, botany, entomology, zoology, agronomy, horticulture, biochemistry, nematology, plant pathology and courses similarly derived.
 - d. "Directly related pest control" courses include economic entomology, plant pathology and similar courses in the identification and control of pests through the use of pesticides.
 - e. "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.

* Statements from impartial 3rd parties associated with the agricultural or pest control industry. Such as: United States Department of Agriculture, State Department of Agriculture, County Extension, Pest Control Boards, or W-2 forms. Submit written verification on official letterhead.

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APPLICANT'S FULL NAME: _____

MAILING ADDRESS: _____
City State Zip Code

TELEPHONE: _____ FAX: _____

- OFFICIAL TRANSCRIPTS BEING SENT
- VERIFICATION OF PREVIOUS LICENSING/WORK EXPERIENCE BEING SENT
- VERIFICATION OF PREVIOUS LICENSING/WORK EXPERIENCE ATTACHED

I understand that according to NAC 555.320:

I must have two years of pest control application experience or six months experience and 16 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: _____
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.

(date) (signature)

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: _____
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: _____
City State Zip Code

Name of Supervisor: _____

Telephone: _____

Categories of License: _____