	RETURN THIS 2300 E	APPLICATION T St. Louis Ave., I (702) 668-4590	O: ₋as Vegas	, NV 89104	Or	405 S. 21st S	<b>FION FOR 20</b> St., Sparks, NV 8 353-3712 / Fax	9431
Applicant:	A. Individual_							
	B. Partnership	: 1		2			_ 3	
	C. Corporation □* If a	ר*: corporation, attach	a current c	ertificate of inco	prporation and I	ist of officers filed	I with the Nevada S	Secretary of State.
Doing Busine	ess As:							
Physical Bus	iness Address:							
Vailing Addre	ess:							
Out of State I	Mailing:		1					
Phone:(	)	Fax:(	)		E-Ma	il:	_@	
-ederal Ident	tification Number:							
	Dusiness have a S			-		cretary of Stat	e per NRS Cha	pter 76?
			Li	icense Ca	teaories			
3. <u>Ag. Groun</u>	d Applied For	Approved			Structural	Applied For	<u>Approved</u>	
1. Insect pes	sts 🗆			1. Limited	landscape	🗆		
2. Weeds	🛛			2. Industri	al & institutio	onal 🛛		
3. Dessicants defoliants	ts &			3. Structur	al	🗆		
				4. Fumiga	tion	🛛		
4. Fungi pes	bts □			5. Aquatic		🛛		
				6. Weeds.		🛛		
5. Vertebrate	e pests… 🛛			7. Preserv FEE		od 🗌		
Busir	ness License Fee	····· <u>-</u>	1	_ x \$250.00	) = \$ <u>250.00</u>			
EACI	H Applicator or Co	onsultant		_ x \$ 50.00	= \$	· · · · · · · · · · · · · · · · · · ·		
EACI	H Agent fee required for re	····· <u> </u>	(Number)	_ x \$350.00	= \$			
Late f	fee required for re	enewal after Jan	uàry 1					
	usiness Locations usiness Location			number of bu		tions)	Phone	e ( )
List Name of	usiness Location Primary Princip	al (PP) or Loca	tion Prin	icipal (LP) re	esponsible f	or Business L	ocation #1	\//
1		Cell Phone: (	)	F	Responsible	for categories	6:	
2		Cell Phone: (	)	F	Responsible	for categories	S:	
List Name of	usiness Location Primary Princip	al (PP) or Loca					ocation #2	:()
	NT'S SIGNATU	JRE:				DA	ATE:	

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## **Principal Information**

Primary Principal Location Principal Principal								YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR									
NAME:			First		Middle	LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!											
Physical Home Address:			City	State	Zip		-										
Home Mailing Address:																	
(If different than home)	PO Box				City	State	Zip	am in compliance with the order, or am in compliance approved by the district attorney or other public agency enfor for the repayment of the amount owed pursuant to the order; (							forcing		
Home Phone: ()							<u> </u>		bject to a co								
Are you a Nevada Re	sident?	res	□ N	lo				am <b>not</b> in attorney or							d by th	e district	
	Driver's Licer	ise Num	ber & St	ate													
AGRICULTURAL GRO	DUND: B1	B2 □	B3 □	B4 □	B5 □	URBAN	N & STRUCI	TURAL:	C1 □	C2 □	C3 □	C4		C6 □	C7		
Applicant Signature:						Socia	I Security #			_ Da	ate:			_			
						D	ate of Birth		Individual ID Number:								
	Operato	Demonst	nonstration & Research Specialist														
NAME:								YOU MI		K THE	APPR			ESPO		YOUR	
Last			Fi	rst			Middle		NSE APP		ON W		DEN				
Physical Home Address:									ot subject to								
	Street # and	Name			City	State	Zip		ubject to a compliance								
Homo Mailing Address:								approved l	by the distri	ict attor	ney or	other p	ublic ag	gency e	nforcing		
Home Mailing Address: _ (If different than home)	PO Box				City	State	Zip		ayment of t			-				ilduan and	
									ubject to a c n complian								
Home Phone: ()							· · · · · · · · · · · · · · · · · · ·	attorney of	r other publ	ic agen	cy enfo	orcing th	ne orde	r.	-		
AGRICULTURAL GR	OUND: B1	B2 □	B3 □	B4 □	B5 □	URBAN	N & STRUCI	TURAL:	C1 □	C2 □		C4 □			C7 □		
Applicant Signature:						Socia	I Security #	-	-	Da	ate:			_			
							Date of Birth				Individual ID Number:						
						Agent	Informati	ion									
						•					4000						
NAME:			Fi	rst		Middle		_ YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!									
Physical Home Address:									ot subject to								
	Street # and	Name			City	State	$z_{\text{IP}}$ I am subject to a court order for the support of one or more c am in compliance with the order, or am in compliance with a pla										
Home Mailing Address: _									strict attorne								
(If different than home)	PO Box				City	State	Zip		t of the amo		-						
									ubject to a on the second s								
Home Phone: ()	. <u></u>		·····	· · · · · ·					r other publ								
AGRICULTURAL GR	OUND: B1	B2	В3	B4	B5	URBA	N & STRUC	TURAL:	C1	C2	C3	C4	C5	C6	C7		
						-		-									
Applicant Signature:						Socia	I Security #	-	-	Da	ate:						
							ate of Birth										
A=Agent O=Operator	P=Principal	LP= L	ocatior	ו Princ	ipal <b>PP</b> =	Primary Pri	incipal										
Category restrict	t <b>ions</b> : d=inse	ects only	y g=n	o shade	e & fruit t	rees h=rest	ricted to shade/					ws j=re	stricted	l to agr	ic fumig	ation	
							=inspections or	Omler									
Insurance Checked By: Date:		e:	For Departmental U			proved By:			[	Date:							
								ipt No									
License Status 🗌 New 🛛 Renewal 🔹 Permanent Nevada License Num						ense Numbe	er:			_ Date	e Maile	ed					
												E-doc	(bus li	с В & С	cats) i	ev 03-16	