



NEVADA DEPARTMENT OF AGRICULTURE
GROUND 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. Insect pests
2. Weeds
3. Desiccants and defoliants
4. Fungi pests
5. Vertebrate pests

C. Urban and structural pest control

- 1. Limited landscape
2. Industrial and institutional
3. Structural
4. Fumigation
5. Aquatic
6. Weeds
7. Preservation of wood
8. Cooling towers, biocides and water processes...

D. Laws (Principal only)

E. Core

DEPARTMENTAL USE ONLY
Date Passed: Approved:
[Table with 2 columns and 8 rows for date and approval tracking]

7. (Applicant's Signature) Date of Birth (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.
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

DEPARTMENTAL USE ONLY

License Issued On: By: Receipt #: License #:

**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 plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**CEU: STATEMENT FOR (NAC.555.372)**

New license for the first time or amending an active PC license.

Reinstatement of a \_\_\_\_\_ (current year) license (rehire/transfer).

Reinstatement of a \_\_\_\_\_ (last year) or \_\_\_\_\_ (two years ago) license (proof of 6 CEU's required).

I have acquired the minimum number of CEU's necessary to reinstate my Nevada pest control license.

Applicant's Social Security number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date