



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

5. I hold an active license in the state(s) of: to perform pest control work in the following categories:

6. B. AGRICULTURAL GROUND PEST CONTROL

- 1. INSECTICIDES
2. HERBICIDES
3. DESICCANTS AND DEFOLIANTS
4. FUNGICIDES AND BACTERICIDES
5. RODENTICIDES

C. URBAN AND STRUCTURAL PEST CONTROL

- 1. ORNAMENTAL AND TURF
2. INDUSTRIAL AND INSTITUTIONAL
3. STRUCTURAL
4. FUMIGATION
5. AQUATIC
6. RIGHT-OF-WAY
7. PRESERVATION OF WOOD

LAWS (Principal only)

GENERAL

Table with 2 columns: Date Passed, Approved. Multiple rows for departmental use.

7. (Applicant's Signature) (Date)

8. The undersigned Primary Principal or 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, 20.

(Primary Principal's or Principal's Signature) (Date)

405 S. 21st St., 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 20____ (NAC.555.372)

- New license for the first time or amending an active PC license.
- Reinstatement of a 20____ (current year) license (rehire/transfer).
- Reinstatement of a 20____ (last year) or 20____ (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