

**Registry for Sales of Restricted Use Pesticides**  
 Plant Industry Division



Report for the month of \_\_\_\_\_ **20** \_\_\_\_\_

Dealer Number: \_\_\_\_\_

Date	Name of Purchaser (Please Print)	Applicator Categories & Exp. Date	Address	Certification Number and Issuing Authority	Brand Name of Pesticide	Quantity Sold (Include Units)	EPA Reg. No.

**I certify that the above entries are accurate and true to my knowledge.** Dealer's Location: \_\_\_\_\_  
 Name of Registered Dealer: \_\_\_\_\_ Dealer's Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_

**Send NDA copy within 15 days after close of month to: 405 South 21st Street, Sparks, NV 89431; or scan copy to [nvchem@agri.nv.gov](mailto:nvchem@agri.nv.gov)**