

Application for Certificate of Origin
 Plant Industry



Application for: **Certificate of Origin** **Certificate of Origin for Farm Equipment**

Name of applicant _____
 Business name (if applicable) _____
 Physical address (city, state, zip) _____
 Phone _____ Email _____

Name and address of the exporter		Name and address of the consignee	
Name of product and quantity declared		Botanical name(s) [if applicable]	
Number and description of packages		Distinguishing marks	
Place of origin		Declared means of conveyance	
Treatment [if applicable]		Point of entry / destination	
Location to send certificate		Billing address	
Name		Name	
Mailing address		Mailing address	
Mailing state		Mailing state	
Mailing zip		Mailing zip	
Business Acc. #	FedEx:	UPS:	Other:

Please return to 405 South 21st Street, Sparks, NV 89431 ATTN: Export Program
 or digitally to: shunnewell@agri.nv.gov
 FAX: 775-353-3638