

# Government Pest Control License Renewal Plant Industry



**Instructions:**

1. Fill out this form completely. You must list at least 12 continuing education units, including 2 law credits in Section B. Certificates or other documentation will be accepted but are not required.
2. If you earned less than 12 total credits, or less than 2 law credits before your license expires, you will not be eligible to renew your license via continuing education and must retest.
3. Submit this document no sooner than 3 months prior to your expiration date with \$50 license fee to  
2300 E. St Louis, Las Vegas, NV 89104      or      405 S. 21<sup>st</sup> Street, Sparks, NV 89431

**A.**

Applicant: \_\_\_\_\_  
Last Name
First Name
Middle Initial

Home Mailing Address \_\_\_\_\_  
Street or P.O. Box
City
State
Zip

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Categories (check all that apply)		
<input type="checkbox"/> G1 – Invertebrate (Aquatic)	<input type="checkbox"/> G5 – Plant Diseases	<input type="checkbox"/> G8 – Commodity
<input type="checkbox"/> G2 – Invertebrate (Terrestrial)	<input type="checkbox"/> G6 – Vertebrate (Aquatic)	<input type="checkbox"/> G9 – Rodent Burrow
<input type="checkbox"/> G3 – Weeds (Aquatic)	<input type="checkbox"/> G7 – Vertebrate (Terrestrial)	<input type="checkbox"/> G10 – Soil
<input type="checkbox"/> G4 – Weeds (Terrestrial)		

**B.**

Continuing Education Course Information		Credits		
		Laws	General	Total
1. Course Title	Course Number			
Location (City & State)	Date(s) Attended:			
2. Course Title	Course Number			
Location (City & State)	Date(s) Attended:			
3. Course Title	Course Number			
Location (City & State)	Date(s) Attended:			
4. Course Title	Course Number			
Location (City & State)	Date(s) Attended:			
5. Course Title	Course Number			
Location (City & State)	Date(s) Attended:			

\_\_\_\_\_  
Applicant's Signature      \_\_\_\_\_ Date of Birth      \_\_\_\_\_ Date

\_\_\_\_\_  
Supervisor's Signature      \_\_\_\_\_ Agency      \_\_\_\_\_ Date      \_\_\_\_\_ Receipt No