

Application for Phytosanitary Field Inspection
Plant Industry Division



Application #: _____
Application Fee: \$ _____

Applicant Information

Company name: _____ Email address: _____
Applicant name: _____ Office number: _____
Mailing address: _____ Cell number: _____
_____ Fax number: _____

Grower Information

Farm name: _____ Email address: _____
Grower contact: _____ Office number: _____
Mailing address: _____ Cell number: _____
_____ Fax number: _____

Crop Information

Crop type: _____ Varietal name: _____
Acres planted: _____ Field number: _____
Date planted: _____ Irrigation method: _____

Field Location ***PLEASE INCLUDE A MAP WITH APPLICATION***

Physical address: _____ **Coordinate information:**
(if applicable) _____ Latitude: _____
Longitude: _____
Directions: _____

Inspection Requirements: Diseases/Other Conditions

Provide a list of diseases and/or pests to be inspected for below (attach a separate sheet if necessary)

Remarks: _____

In signing this form you agree to the terms surrounding phytosanitary field inspections and the applicable regulations set forth within NRS/NAC 587/555.

Signature of Applicant Date