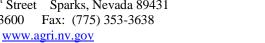
STATE OF NEVADA DEPARTMENT OF AGRICULTURE

405 South 21st Street Sparks, Nevada 89431 (775) 353-3600 Fax: (775) 353-3638





APPLICATION FOR CERTIFICATE OF ORIGIN

DATE:

DESTINATION (Country and/or State):_____

nis application is for: Agricultural product: (Fee for certificate = Dairy product: (Fee for certificate = \$25.00		
		THE CONSIGNMENT
Name and address of exporter:		Name & address of consignee:
Name of product and quantity declared:		
Number & description of packages:		Distinguishing marks:
Place of origin:		Means of conveyance:
		Point of entry (if known):
Allow 10 business days f you. Requesting Company Name and Address:	or your certif	ficate to be processed and returned to
Company/Individual Name		Attn:
Mailing Address		
City	State	Zip
Phone	Fax	
Email		
Person to contact regarding this application:		
How do you want the certificate returned to you: Additional information:	☐ Fax☐ Email ☐ Fed Ex/UPS Your Account #	

RETURN BY FAX OR EMAIL:

Fax: 775-353-3661 Attn: Jeff Sutich OR Email to: jssutich@agri.nv.gov