

Pest Control / Company Renewal-Operator License
Plant Industry



Aerial & Ag Ground Operator License

(Departmental Use Only, Lic.#: _____)

Name: _____
 Home Address: _____
 P.O. Box: _____
 City/State/Zip: _____
 Home Phone: (____) _____
 FAA Licenses; Ratings: _____
 Aircraft Pest Control Hours: _____

YOU MUST MARK THE APPROPRIATE RESPONSE OR YOUR LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!

I am not subject to a court order for the support of a child.
 I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment
 I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.

I have acquired the minimum number of Pesticide CEU's necessary to re-instate my Nevada pest control license.

Course #	Course Title	Provider	CEU's

Applicant's Social Security number: _____ - _____ - _____

Signature of applicant: _____

Date: _____

Aerial	Agricultural Ground	Urban/Structural
A1 A2 A3 A4	B1 B2 B3 B4 B5	C1 C2 C3 C4 C5 C6 C7
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
