

# Pest Control Business License Application

Return this application to:

2300 E. St. Louis Ave., Las Vegas, NV 89104  
(702) 668-4561 / Fax (702) 668-4567

405 S. 21st St., Sparks, NV 89431  
Phone (775) 353-3712 / Fax (775) 353-3713



Applicant: A. Individual: \_\_\_\_\_  
B. Partnership 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
C. Corporation \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Physical Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Federal Identification Number: \_\_\_\_\_  
Nevada Business License Number: **NV** \_\_\_\_\_

License Categories							
A.	<u>Aerial</u>	Applied For	Approved	C.	<u>Urban/Structural</u>	Applied For	Approved
1	Ag. Plant Pests	<input type="checkbox"/>		1	Limited Landscape.....	<input type="checkbox"/>	
2	Ag. Weeds	<input type="checkbox"/>		2	Industrial & Institutional	<input type="checkbox"/>	
				3	Structural.....	<input type="checkbox"/>	
<b>B.</b>	<b><u>Ag. Ground</u></b>			4	Fumigation.....	<input type="checkbox"/>	
1	Plant Pests.....	<input type="checkbox"/>		5	Aquatic.....	<input type="checkbox"/>	
2	Weeds.....	<input type="checkbox"/>		6	Weeds.....	<input type="checkbox"/>	
3	Vertebrate Pests	<input type="checkbox"/>		7	Preservation of Wood...	<input type="checkbox"/>	
4	Soil Fumigation	<input type="checkbox"/>		8	Golf/Sports Complex	<input type="checkbox"/>	

Business License Fee \_\_\_\_\_ x \$250 = \$250.00  
EACH Operator or Principal \_\_\_\_\_ x \$50 = \$\_\_\_\_\_  
Total Fees = \$\_\_\_\_\_

Number of Business Locations \_\_\_\_\_ (indicate total number of business locations)

Address of Business Location #1 \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

List Name of **Primary Principal (PP)** or **Location Principal (LP)** responsible for Business Location #1

1. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Responsible for categories: \_\_\_\_\_

1. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Responsible for categories: \_\_\_\_\_

Address of Business Location #2 \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

List Name of **Primary Principal (PP)** or **Location Principal (LP)** responsible for Business Location #2

1. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Responsible for categories: \_\_\_\_\_

1. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Responsible for categories: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DEPARTMENTAL USE ONLY

Insurance Checked By: \_\_\_\_\_ Date: \_\_\_\_\_ License Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ New ☐ Renewal  
License Issued by: \_\_\_\_\_ Date: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Permanent License No: \_\_\_\_\_

## Business License – Principal Information



### Contact Information

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

Physical Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

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

Are you a **Nevada** Resident? ☐ Yes ☐ No \_\_\_\_\_  
(Driver's License Number and State)

### License Information

Agricultural Ground: B1 B2 B3 B4 Urban and Structural: C1 C2 C3 C4 C5 C6 C7  
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

### Child Support Information

Each pest control license applicant must **check the appropriate response** below. Failure to check one of the three boxes below, or failure to provide your social security number or failure to sign and date the application, will result in the automatic denial of your license application (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 of the amount owed pursuant to the order
- OR
- ☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Social Security Number)



Nevada Department of Agriculture  
Pest Control Operator License Application



1. Applicant \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

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

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

2. Employer \_\_\_\_\_

3. Previous Employer \_\_\_\_\_

4. Check One: ☒ Principal ☐ Operator ☐ Agent ☐ Consultant ☐ Demonstration

5. I hold an active license in the state(s) of: \_\_\_\_\_ to perform pest  
control work in the following categories: \_\_\_\_\_

Check categories applied for:

6. B. Agricultural Ground Pest Control

- ☐ 1 Plant Pests.....  
☐ 2 Weeds.....  
☐ 3 Vertebrate Pests.....  
☐ 4 Soil Fumigation.....

C. Urban/Structural Pest Control

- ☐ 1 Limited Landscape.....  
☐ 2 Industrial & Institutional.....  
☐ 3 Structural.....  
☐ 4 Fumigation.....  
☐ 5 Aquatic.....  
☐ 6 Weeds.....  
☐ 7 Preservation of Wood.....  
☐ 8 Golf/Sports Complex.....

D. ☐ Laws .....

E. ☐ Core.....

DEPARTMENTAL USE ONLY	
Date Passed	Approved

7. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Applicant's Signature) (Date) (Date)

8. The undersigned Principal of the firm named on line 2 above, hereby endorses the above application,  
and requests that the applicant's license be granted for the period ending December 31, \_\_\_\_\_.

\_\_\_\_\_  
(Principal's Signature) (Date)

2300 E. St. Louis Ave.  
Las Vegas, NV 89104  
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405 S. 21st Street  
Sparks, NV 89431  
Phone (775) 353-3712 Fax (775) 353-3713

DEPARTMENTAL USE ONLY

License Issued On: \_\_\_\_\_ By: \_\_\_\_\_ Receipt #: \_\_\_\_\_ License #: \_\_\_\_\_

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OR

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

### Continuing Education

- ☐ New license for the first time.
- ☐ Reinstatement of a 20\_\_\_\_ license
- ☐ Reinstatement of a 20\_\_\_\_ license/ COMPLETE BELOW (proof of 6 CEU's required)

I have acquired the minimum number of 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

# Nevada Pest Control Certificate of Insurance / Pest Control Plant Industry



## "GROUND APPLICATION"

(Proof of Public Liability and Property Damage and Drift Coverage)

THIS FORM MUST BE SUBMITTED TO THE NEVADA DEPARTMENT OF AGRICULTURE

Policy No. \_\_\_\_\_

This is to certify that \_\_\_\_\_ (here in called Company)

Underwriter Company

of \_\_\_\_\_ issued to

Home Address of Company

\_\_\_\_\_ dba \_\_\_\_\_

Name of insured

Doing business as

the policy of insurance for Public Liability and Property Damage which covers each occurrence of damage to persons or to property, including that being treated, from chemicals, chemical drift and equipment used in the operations of the business, including any inspection of structures for evidence of, and/or conditions conducive to, wood-destroying pest infestations for operations conducting such inspections.

**Is coverage being provided for the above requirements?** ☐ Yes, ☐ No. **If No this policy will be rejected.**

Coverage provided by said policy is for \$ \_\_\_\_\_ each occurrence bodily injury,  
\$50,000 minimum

\$ \_\_\_\_\_ aggregate bodily injury, \$ \_\_\_\_\_ each occurrence property damage,  
\$100,000 minimum \$50,000 minimum

\$ \_\_\_\_\_ aggregate property damage, with deductible in the amount of \$ \_\_\_\_\_.  
\$100,000 minimum

List exclusions from pesticide application coverage: \_\_\_\_\_

**NOTE: If a POLLUTION EXCLUSION is listed, does pollution include CHEMICAL DRIFT DAMAGE to property other than the specific property, to which the chemical is being applied?** ☐ Yes, ☐ No  
**If "Yes", this policy CANNOT be accepted by the Nevada Department of Agriculture.**

It is agreed that the Company will file with the Department of Agriculture within ten (10) days, copies of any and all endorsements extending, restricting, canceling, or changing the aforementioned coverage and any claims paid against this policy. Whenever requested by the Department of Agriculture the Company agrees to furnish to the Department of Agriculture a copy of said policy and all endorsements thereon.

This Certificate is effective from \_\_\_\_\_, 20\_\_\_\_ (12:01 A.M. Standard Time),

to \_\_\_\_\_, 20\_\_\_\_ (12:01 A.M. Standard Time).

I certify that I am a representative for \_\_\_\_\_ insurance company located in the State of \_\_\_\_\_ that I have binding authority to effectuate the indicated coverage in Nevada.

By \_\_\_\_\_  
Signature Date Name and title (Print or type)

\_\_\_\_\_  
Company Mailing address

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Telephone No. Fax No. City State ZIP Code

MAIL ORIGINAL COPY TO:

Nevada Department of Agriculture  
405 South 21<sup>st</sup> Street, Sparks, NV 89431  
Phone: 775-353-3712 / Fax: 775-353-3713 / e-mail: PCO@agri.nv.gov

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405 South 21st St.  
Sparks, NV 89431

2300 East St. Louis Ave.  
Las Vegas, NV 89104

4780 East Idaho St.  
Elko, NV 89801