Government Pest Control License Application

Plant Industry

Applicant: _____ _____ _____

Last Name First Name Middle Initial

Home Mailing Address _____ _____ _____ _____

Street or P.O. Box City State Zip

Home Telephone _____ Email _____

Employer _____ Supervisor _____

Contact Address_____ _____ _____ _____

Street or P.O. Box City State Zip

Do you hold a license in another state? State Licensed _____

License Categories _____ License Number _____

License Categories (check all that apply)	Testing	
	DEPARTMENTAL USE ONLY	
	Date Passed	Approved By
☐ Core Exam		
☐ G1 – Invertebrate (Aquatic)		
☐ G2 – Invertebrate (Terrestrial)		
☐ G3 – Weeds (Aquatic)		
☐ G4 – Weeds (Terrestrial)		
☐ G5 – Plant Diseases		
☐ G6 – Vertebrate (Aquatic)		
☐ G7 – Vertebrate (Terrestrial)		

Fumigation Categories (check all that apply)	Testing	
	DEPARTMENTAL USE ONLY	
	Date Passed	Approved By
☐ G8 – Commodity		
☐ G9 – Rodent Burrow		
☐ G10 – Soil		

_____ _____ _____

Applicant's Signature Date Date of Birth

_____ _____

Supervisor's Signature Date

2300 E. St. Louis Ave.
Las Vegas, NV 89104
Phone (702) 668-4590, Fax (702) 668-4567

405 South 21st Street
Sparks, NV 89431
775-353-3601

Departmental Use Only

Date Issued: _____ By: _____ Receipt #:_____ License #: _____