



NEVADA DEPARTMENT OF AGRICULTURE INACTIVE LICENSE APPLICATION



1. Applicant _____
(Last Name) (First Name) (Middle Initial)

Physical Address _____
(Street) (City) (State) (Zip)

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

2. Home Telephone _____

3. E-mail _____

4. Check One: Principal Operator Consultant Demonstration

5. Nevada License # _____

6. Check categories being placed inactive:

A. Aerial pest control

1. Insect pests 2. Weeds 3. Desiccants & defoliants 4. Fungi pests

B. Agricultural ground pest control

1. Insect pests 2. Weeds 3. Desiccants & defoliants 4. Fungi pests 5. Vertebrate pests

C. Urban and structural pest control

1. Limited landscape 2. Industrial and institutional 3. Structural 4. Fumigation
 5. Aquatic 6. Weeds 7. Preservation of wood

7. Date of Birth _____

8. Social Security Number _____

- I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
- FURTHER, I UNDERSTAND THAT I WILL NOT ENGAGE IN PEST CONTROL IN ANY CATEGORY WHILE MY LICENSE IS INACTIVE AND THAT MY LICENSE WILL EXPIRE ON DECEMBER 31, _____.
- FURTHERMORE, I UNDERSTAND THAT I AM STILL SUBJECT TO THE PESTICIDE CONTINUING EDUCATION REQUIREMENTS WHILE MY LICENSE IS INACTIVE.
- IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

9. _____
(Applicant's Signature) (Date)

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

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

DEPARTMENTAL USE ONLY

License Issued On: _____ by: _____ Receipt #: _____