



NEVADA DEPARTMENT OF AGRICULTURE
GROUND 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
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. Agriculture Plant Pests.....
- ☐ 2. Weeds.....
- ☐ 3. Vertebrate Pests.....
- ☐ 4. Soil Fumigation.....

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.....

D. ☐ **Laws** (Principal Only).....

E. ☐ **Core**.....

DEPARTMENTAL USE ONLY

Date Passed:

Approved:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. _____
(Applicant's Signature) (Date) Date of Birth: _____
(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
Phone (702) 668-4590

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

DEPARTMENTAL USE ONLY

License Issued On: _____ By: _____ Receipt #: _____ License # _____

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.

CEU: STATEMENT FOR 20_____ (NAC 555.372)

- ☐ New license for the first time, amending a current license (adding a category)
- ☐ Reinstatement of a 20_____ license (rehire/transfer – current year)
- ☐ 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