## Nevada Department of Agriculture Pest Control Operator License Application



1. Applicant					of Agriculture		
(Last Name)		(First Name)	(N	1iddle Initial)			
Home Mailing Address							
	(Street or P.O. Box)	(City)	(State) (Z	ip)			
Home Telephone							
<b>2.</b> 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:		DEDARTA	ENTAL LICE ONLY	$\neg$		
6. B. Agricult	tural Ground Pest Control		Date Passed	Approved	_		
<u> </u>	Plant Pests			Αρριονέα	-		
	Weeds						
□ 3	Vertebrate Pests						
□ 4	Soil Fumigation						
	Structural Pest Control						
□ 1	Limited Landscape						
	Industrial & Institutional						
□ 3	Structural		••				
□ 4	Fumigation						
□ 5	Aquatic						
□ 6	Weeds						
□ 7	Preservation of Wood						
□ 8	Golf/Sports Complex						
<b>D.</b> $\square$	Laws						
E. 🗆	Core						
7.		,	Date of Birth:				
	s Signature)	 (Date)	Date of Birtii	(Date)			
O The undersioned	d Duin aimal of the firms manad on li						
_	d Principal of the firm named on li the applicant's license be granted	•		• •			
and requests that	the applicant 3 heefise be granted	Tor the period criding	5 December 31,	•			
(Principal's	 Signature)	(Date)					
2200 5 6: 1	-		F.C. 24-+ C:				
			5 S. 21st Street arks, NV 89431				
				Fax (775) 353-3713			
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DEPARTMENTAL USE ONL'

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)

$\square$ I am not subject to a co	urt order for the support o	f a child.	
	proved by the district attor		compliance with the order, or am in nforcing the order for the repayment
OR			
	ict attorney or other public		ot in compliance with the order or a for the repayment of the amount
	Con	tinuing Education	
☐ New license for the first	time.		
$\square$ Reinstatement of a 20_	license		
$\square$ Reinstatement of a 20_	license/ COMPLETE BE	LOW (proof of 6 CEU's requi	red)
I have acquired the minim	um number of CEU's neces	ssary to re-instate my Nevada	a pest control license.
Course #	Course Title	Provider	CEU's
Applicant's Social Security	number:		_
Signature of Applicant		 Date	