

Pest Control / Affidavit of Pest Control Non-Operation
Plant Industry



To be Completed by the Primary Principal of the Company
Please Print or Type – complete section 1) or 2) below

Pest Control Company Name: _____

Physical Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

1) Statement of Pest Control Non-Operation

The above described pest control business **was not** in operation from _____, 20____
to _____, 20____ due to:

____ Seasonal circumstances

____ Holiday shut down

____ Other (describe):

I have read this document and understand that the above statement is subject to audit by the Nevada Department of Agriculture to verify the non-operation of this company during the period indicated above. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Primary Principal Date

2) Statement of Operation

The above described pest control business **was** in operation from _____, 20____
to _____, 20____. I understand that a Nevada pest control license was
required to perform pest control during this period, and that any custom pest control performed
during this period was in violation of NRS 555.280 and/or NRS 555.285, and may be subject to
review and enforcement.

Signature of Primary Principal Date

AS SUBSCRIBED AND SWORN to me

This _____ day of _____, 20____

Notary Public or Authorized Nevada Department of Agriculture Representative