



STATE OF NEVADA
DEPARTMENT OF AGRICULTURE
405 South 21st Street
Sparks, Nevada 89431

APPLICATION FOR DEALERS LICENSE TO SELL RESTRICTED-USE PESTICIDES

Application is hereby made for a permit to sell pesticides to consumers or users which are classified as restricted-use for calendar year ending December 31, _____. Remittance payable to Nevada Department of Agriculture in amount of \$25.00 is enclosed herewith.

Renewal applications received after February 1 require a penalty fee of \$5.00, unless accompanied by a statement that no restricted-use pesticides have been sold or distributed during the expired time period.

DEALER / COMPANY NAME & ADDRESS:

Attention:
Telephone:
Fax:
E-Mail:

AGENT CITY STATE Phone Fax Email

I hereby certify that the information appearing on this application is true and correct; that each person licensed to sell restricted-use pesticides to consumers or users will maintain and keep records for a period of 2 years on all sales of restricted-use pesticides on forms supplied by the Nevada Department of Agriculture.

Signature _____ Date, _____
Name _____ Title _____