NEVADA DEPARTMENT OF AGRICULTURE
GROUND LICENSE APPLICATION

Nevada Department of Agriculture

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

	DEPARTMENTAL USE ONLY Date Passed:	Approved:
☐ 1. INSECTICIDES.....	_____	_____
☐ 2. HERBICIDES.....	_____	_____
☐ 3. DESICCANTS AND DEFOLIANTS	_____	_____
☐ 4. FUNGICIDES AND BACTERICIDES.....	_____	_____
☐ 5. RODENTICIDES.....	_____	_____
C. URBAN AND STRUCTURAL PEST CONTROL		
☐ 1. ORNAMENTAL AND TURF	_____	_____
☐ 2. INDUSTRIAL AND INSTITUTIONAL	_____	_____
☐ 3. STRUCTURAL	_____	_____
☐ 4. FUMIGATION	_____	_____
☐ 5. AQUATIC	_____	_____
☐ 6. RIGHT-OF-WAY	_____	_____
☐ 7. PRESERVATION OF WOOD.....	_____	_____
LAWS (Principal only)	_____	_____
GENERAL.....	_____	_____

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

8. The undersigned Primary Principal or 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, 20_____.

_____ _____
(Primary Principal's or Principal's Signature) (Date)

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

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 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 or amending an active PC license.

☐ Reinstatement of a 20___ (current year) license (rehire/transfer).

☐ Reinstatement of a 20___ (last year) or 20___ (two years ago) license (proof of 6 CEU's required).

I have acquired the minimum number of CEU's necessary to reinstate my Nevada pest control license.

Applicant's Social Security number: _____--_____--_____

_____

Signature of Applicant

_____

Date