



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 \_\_\_\_\_