Print Form

ARIZONA DEPARTMENT OF AGRICULTURE

1688 West Adams Street Phoenix, Arizona 85007
(602) 542-0981 FAX (602) 542-1004

APPLICATION FOR GENERAL NURSERY STOCK INSPECTION CERTIFICATION (R3-4-301)

NOTE: Submit application by February 15, 2014 for Certification Year 2015

Applicant Name and Position Title (Print)	Nursery Name	Tax Identification Number
Mailing Address	Mailing City, State, and Zip Code	Mailing County
E-Mail	Telephone	FAX

Provide the physical addresses (street address, city, and zip code) and acreages for locations you would like to have certified:

		Acreage	Department Use
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

What types of plants are grown at your nursery location(s)?			
Annuals	Aquatic	Cactus	Deciduous
Evergreen	Fruit	Indoor Foliage	Palms
Perennials	Turf		

For Department Use

Total acreage from this application: _____

Total locations on this application x $250 = _____

Check box when inspections complete ☐

I declare, under penalty of perjury, that I am the owner or legal lessee of the described property, and that the information provided on this application is true and accurate to the best of my knowledge.

_____ _____

Applicant Signature Date