



Community Development Agency
Department of Agriculture

AgDept@nevadacountyca.gov
 www.nevadacountyca.gov/AG

950 Maidu Avenue, Suite #170
 PO BOX #599002
 Nevada City, CA 95959

PH: (530) 470-2690
 FAX: (530) 470-2939

OPERATOR IDENTIFICATION NUMBER APPLICATION

Applicant Information

NAME: _____ CELL PHONE: _____

DBA: _____ EMAIL: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

Pests – check all that apply

Terrestrial weeds Insects/Mites Vertebrates (ie rodents)

Aquatic weeds/pests Disease/Mildew Other _____

Commodity – enter acreage for all that apply

Brush Control on Personal Property:	_____ ac	Pasture (Irrigated for grazing):	_____ ac	Stone Fruit (peach, plum, nectarine, cherry, pluot)	_____ ac
Pond or Ditch:	_____ ac	Rangeland (Non-irrigated for grazing):	_____ ac	Pome Fruit (apple, pear)	_____ ac
Cannabis:	_____ ac	Timber:	_____ ac	Grape (wine or table)	_____ ac

Vegetables (List with acreage): _____

Other (Describe): _____

Who will be applying pesticides? Myself Employees Licensed Pest Control Business Other _____

I am the landowner of the above identified property, or I have been authorized by the landowner and have attached the letter of authorization form as required.

Signature: _____

Title: _____ Date: _____

FOR OFFICE USE ONLY

Op ID Number: _____ APN: _____

Issue Date: _____ MSTR: _____

Prepared By: _____

v. 10/20