

STATE OF NEVADA
DEPARTMENT OF AGRICULTURE
 405 South 21st Street Sparks, Nevada 89431
 (775) 353-3600 Fax: (775) 353-3638
www.agri.nv.gov



APPLICATION FOR CERTIFICATE OF ORIGIN

DATE: _____ DESTINATION (Country and/or State): _____

This application is for:

- Agricultural product: (Fee for certificate = \$25.00/certificate)
 Dairy product: (Fee for certificate = \$25.00/certificate)

DESCRIPTION OF THE CONSIGNMENT

Name and address of exporter:	Name & address of consignee:
Name of product and quantity declared:	
Number & description of packages:	Distinguishing marks:
Place of origin:	Means of conveyance:
	Point of entry (if known):

Allow 2 business days for your certificate to be processed and returned to you.

Requesting Company Name and Address:

_____ Attn: _____
 Company/Individual Name

_____ Mailing Address

_____ City State Zip

_____ Phone Fax

_____ Email

Person to contact regarding this application:

How do you want the certificate returned to you: Fax Email
 Fed Ex/UPS Your Account # _____

Additional information: _____

RETURN BY FAX OR EMAIL:

Fax: 775-353-3661 Attn: Jeff Sutich OR Email to: jssutich@agri.nv.gov