# APPLICATION FOR IOWA NURSERY DEALER CERTIFICATE

*January 1, 20____ - December 31, 20____*

**Name:**_____

**Contact:**_____ **Telephone:**_____

**Address:**_____

**City, State   ZipCode:**_____

*If you are no longer selling nursery stock, please let us know so we may update our files.  Thank you!*

**For EACH location, please complete all information requested and return with the $25.00 fee PER LOCATION. Payment should be made to IDALS - Entomology & Plant Science.  A return envelope is provided.**

*(Corporate Offices applying for certificates for several locations may use one form and list on a separate sheet all business locations and all suppliers of nursery stock to these businesses.)*

*Type of Business*
*(check all that apply):*

☐ Year-round Nursery Sales
☐ Seasonal Nursery Stock Sales
☐ Landscape Contractor
☐ Tree Mover
☐ Other (specify):

_____

*REQUIRED:  Please list names and addresses of sources where your nursery stock will be obtained.  Continue on back, if needed:*

_____

_____

_____

_____

*I hereby apply for a certificate to operate as a dealer in nursery stock in the state of Iowa.*
*I understand and agree to the following responsibilities as a nursery stock dealer:*

» That I grow no nursery stock myself and that I will obtain only certified stock from sources that have been inspected and approved by an authorized inspector in the state where grown.

» That I will provide to the State Entomologist's Office, IN ADVANCE and IN WRITING, the names and addresses of all sources from which I obtain nursery stock for my business use.

» That as a dealer I am subject to inspections and the provisions of the Iowa Crop Pest Act (Chap. 177A, Code of Iowa) and related regulations pertaining to maintenance, care, and display of stock.

» That if I should plant nursery stock on property under my control (such as carry-over stock), my status will change to a nursery grower and I must notify the State of this change so arrangements can be made to inspect the stock during the growing season prior to sale or movement of the stock.

*SIGNATURE AND DATE REQUIRED:*

_____                    _____
**Applicant's Signature**                                                                                    **Date**