

2230 South Ankeny Blvd. - Ankeny, IA 50023-9093 (515) 725-1470

APPLICATION FOR IOWA NURSERY DEALER CERTIFICATE

January 1, 20___ - December 31, 20___

Name:	
Contact:	Telephone:
Address:	
City, State ZipCode:	
If you are no longer sel	ling nursery stock, please let us know so we may update our files. Thank you!
The second secon	te all information requested and return with the \$25.00 fee PER LOCATION. 6 - Entomology & Plant Science. A return envelope is provided.
(Corporate Offices applying for certific locations and all suppliers of nursery st	ates for several locations may use one form and list on a separate sheet all business tock to these businesses.)
Type of Business (check all that apply):	REQUIRED: Please list names and addresses of sources where your nursery stock will be obtained. Continue on back, if needed:
Year-round Nursery Sales Seasonal Nursery Stock Sales	
Landscape Contractor Tree Mover	
Other (specify):	
 I understand and aga That I grow no nursery stock mysinspected and approved by an auth That I will provide to the State Er 	Ficate to operate as a dealer in nursery stock in the state of lowa. Tree to the following responsibilities as a nursery stock dealer: The self and that I will obtain only certified stock from sources that have been an orized inspector in the state where grown. The self and IN WRITING, the names and addresses of the self and IN WRITING, the names and addresses of the self and IN WRITING.
all sources from which I obtain nur	sery stock for my business use.
	nspections and the provisions of the Iowa Crop Pest Act (Chap. 177A, Code of aining to maintenance, care, and display of stock.
change to a nursery grower and I n	ck on property under my control (such as carry-over stock), my status will nust notify the State of this change so arrangements can be made to inspect on prior to sale or movement of the stock.
SIGNATURE AND DATE REQUIR	ED:
Applicant's Signature	Date