



TENNESSEE DEPARTMENT OF AGRICULTURE
REGULATORY SERVICES
Plant Certification

APPLICATION FOR NURSERY CERTIFICATION

- NEW
 RENEWAL
 CERTIFICATION NO.
 CHANGE OF ADDRESS
 CHANGE OF OWNERSHIP
 BRANCH

For Departmental Use Only

Certification No. _____

Date Processed: _____

Please print or type information requested in spaces where indicated.

MAILING ADDRESS

| | | |
|------------------------|---------------|------------------------|
| Firm: | | |
| Owner: | | Contact Person: |
| Address: | | |
| City/State/Zip: | | County: |
| Email address | Phone: | Fax: |

SALES LOCATION

Physical Address Only, No Post Office Box

| | | | |
|-----------------|----------------|---------------|-------------|
| Address: | | | |
| City: | County: | State: | Zip: |

| | |
|-----------------------------------|--------------------|
| Total Growing Area - Acres | Square Feet |
|-----------------------------------|--------------------|

Do you sell/ship out of state? Yes No

Check all that apply:

| | |
|---|---|
| <input type="checkbox"/> Coniferous Evergreens | <input type="checkbox"/> Decorative Plants, Foliage or Specialty Plants Including Orchids, Etc. |
| <input type="checkbox"/> Broad Leafed Evergreens | <input type="checkbox"/> Deciduous Fruit and Nut Trees |
| <input type="checkbox"/> Deciduous Shade Trees | <input type="checkbox"/> Grapevines |
| <input type="checkbox"/> Rose Plants | <input type="checkbox"/> Strawberry Plants |
| <input type="checkbox"/> Herbaceous Ornamental, Annual and Perennial Plants, and Aquatics | <input type="checkbox"/> Vegetable Plants |
| <input type="checkbox"/> Bulbs, Rhizomes, Etc | <input type="checkbox"/> Sod |
| | <input type="checkbox"/> Ground Covers, Ivies and Vines |

PLEASE FILL OUT REVERSE SIDE. Application must be signed and dated on reverse side to be processed by Plant Certification.

