

**KEN GIVENS  
COMMISSIONER**



**TENNESSEE DEPARTMENT OF AGRICULTURE  
REGULATORY SERVICES  
Plant Certification**

**APPLICATION FOR HOBBYIST NURSERY CERTIFICATE**

- 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**

<b>Firm:</b>		
<b>Owner:</b>		<b>Contact Person:</b>
<b>Address:</b>		
<b>City/State/Zip:</b>		<b>County:</b>
<b>Email address</b>	<b>Phone:</b>	<b>Fax:</b>

**SALES LOCATION**

Physical Address Only, No Post Office Box

<b>Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>

<b>Total Growing Area - Acres</b>	<b>Square Feet</b>
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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.**

