NURSERY DEALER CERTIFICATE - SOURCE VERIFICATION/RENEWAL REQUEST

Year: _________

Nursery Name: ____________________________________________________   Dealer Number: ___________

Proprietor: __________________________________________________________________________

South Carolina              __________________________________________________________________________

Physical Address: __________________________________________________________________________

Mailing Address: __________________________________________________________________________

Phone: ______________________         Fax: _______________________         Cell: ______________________

E-Mail Address: __________________________________________________________________________

I designate the above locations as the only grounds or premises to which or from which I will transport nursery stock for sale under any permit of the South Carolina State Crop Pest Commission. Before shipping any stock to or from these premises, I will have these premises inspected and certified by the Department of Plant Industry and further agree to assume responsibility for all stock shipped to or from these premises. I guarantee all plants to be sound, healthy and true to name, variety, class and condition as ordered, and that I will at no time make any false statements or misrepresentations for the purpose of making a sale. I agree to comply with all provisions for the nursery regulations of the South Carolina Crop Pest Commission. [SC Code of Regs. 27-160]

I hereby request renewal of my NURSERY DEALER CERTIFICATE of the South Carolina State Crop Pest Commission for the _____ season, and desire to represent or purchase nursery stock from the following certified nurseries and/or dealers:

Complete Name and Address for All Your Nursery Stock Sources

1. _________________________________________________________________________________________

2. _________________________________________________________________________________________

3. _________________________________________________________________________________________

4. _________________________________________________________________________________________

5. _________________________________________________________________________________________

6. _________________________________________________________________________________________

7. _________________________________________________________________________________________

8. _________________________________________________________________________________________

9. _________________________________________________________________________________________

10. _______________________________________________________________________________________  

Signature: ________________________________________________________       Date: _______________

DPI OFFICE USE ONLY

Date Received: ________________      Date Processed: _________________     Initials: _______________