



STATE OF CONNECTICUT
STATE ENTOMOLOGIST
The Connecticut Agricultural Experiment Station
P.O. Box 1106, New Haven, CT 06504

NURSERY REGISTRATION/INSPECTION APPLICATION

Name of Nursery _____

Name of Owner _____

Street _____

Town _____ Zip Code _____

Telephone _____ Fax _____ e-mail _____

New Registration <input type="checkbox"/>
Renewal <input type="checkbox"/>

I hereby register my nursery and apply for inspection. My nursery stock has been grown by me or purchased from other nurseries under an inspection certificate. I will make every reasonable effort to eradicate injurious insects and diseases.

Signature _____ Date _____

Type of business

- Wholesale nursery Retail nursery Garden center Christmas tree grower Greenhouse
- Other _____

Growing area in acres _____

Location of growing areas _____

Major type of plants grown or marketed _____

Greenhouses

- General houseplants Chrysanthemums Orchids Geraniums African violets
- Other _____

Square feet of greenhouse: Glass _____ Plastic _____ Hoop houses _____

Return form to:
Office of the State Entomologist
The Connecticut Agricultural Experiment Station
P. O. Box 1106
New Haven, CT 06504-1106