



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

NURSERY DEALERS PERMIT APPLICATION

Name of Nursery _____

Name of Owner _____

Street _____

Town _____ Zip Code _____

Telephone _____ Fax _____ e-mail _____

New Registration []
Renewal []

I hereby register as a nursery dealer. My nursery stock has been purchased under an inspection certificate.

Signature _____ Date _____

Location(s) of outlets: (Use reverse side or attach separate list if needed)

My stock is mostly:

- Broadleaf evergreens
- Deciduous trees, shrubs
- Others (please specify)
- Coniferous evergreens
- Vines and groundcovers
- Roses

My stock is grown by: (Use reverse side or attach separate list if needed)
NAME, CITY, STATE

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