

JULIUS JOHNSON  
COMMISSIONER



TENNESSEE DEPARTMENT OF AGRICULTURE  
DIVISION OF REGULATORY SERVICES  
PLANT CERTIFICATION

**APPLICATION FOR GREENHOUSE 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**

<b>Firm:</b>		
<b>Owner:</b>	<b>Contact Person:</b>	
<b>Address:</b>		
<b>City/State/Zip Code:</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>

**Total Growing Area - Square Feet**

**Do you sell/ship out of state?**  Yes  No

**Check all that apply:**

<input type="checkbox"/> Potted Foliage Plants	<input type="checkbox"/> Seasonal Plants (poinsettia, azalea, hydrangea)
<input type="checkbox"/> Potted Flowering Plants	<input type="checkbox"/> Specialties (orchids, camellia)
<input type="checkbox"/> Cut Flowers	<input type="checkbox"/> Herbs
<input type="checkbox"/> Vegetable Plants	<input type="checkbox"/> Other ( List)
<input type="checkbox"/> Bedding Plants	
<input type="checkbox"/> Bulbs, Rhizomes, Etc	

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

