

JULIUS JOHNSON
COMMISSIONER



TENNESSEE DEPARTMENT OF AGRICULTURE
DIVISION OF REGULATORY SERVICES
PLANT CERTIFICATION

APPLICATION FOR HOBBYIST GREENHOUSE 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

Firm:		
Owner:	Contact Person:	
Address:		
City/State/Zip Code:		County:
Email Address	Phone:	Fax:

SALES LOCATION

Physical Address Only, No Post Office Box

Address:			
City:	County:	State:	Zip:

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.

