

Louisiana Department of Agriculture & Forestry Mike Strain DVM, Commissioner Structural Pest Control Commission, P.O. Box 91081, Baton Rouge, LA 70821-9081, (225) 925-4578, FAX (225) 925-3760



PLACE OF BUSINESS PERMIT

All Information Must b	be Typed or Printed
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AES-23-03 (r.4/09)

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Name of Firm			SELECT ONE: ANNUAL FEE☐ \$125 ☐ \$175									
Mailing address					Owner(s) or Principal Officers							
City, State & Zip					1) 2)							
Physical Address					Phone 1							
					Phone 2 Fax#							
Type of Organization (Must be recorded Individual	with Secretary of State if Partner Partnership Corpo		Parish / List S	tate if not L	_ouisia	ana					+ 10	
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LOUISIANA STRUCTURAL PEST CON	ITROL LICENSEES***					\$	5 Pe	r ph	ase			
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CERTIFIED FUMIGATION TECHNICIAN	NS**						Che	eck !	Phas	se(s)	of License	
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f you have more technicians than space	allows, please continue on a sep	parate piece of paper, li	sting all require	d informati	on.							
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Date			_								\neg	
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TECHNICIANS		.00	Date	"	-	-	-	1	-			

Amt. \$

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