



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 925-3787, FAX (225) 925-3760



AGRICULTURAL CONSULTANT APPLICATION FOR TESTING

NAME SOCIAL SECURITY NO. MAILING ADDRESS PARISH CITY STATE ZIP CODE HOME PHONE WORK PHONE OTHER PLACE OF EMPLOYMENT

I am applying for certification as an Agricultural Consultant in the following subcategory(s). The fee to process this application is \$25.00.

Control of insects, mites, nematodes or other invertebrates:

- 1a Agricultural Entomology
1b Forest Entomology
1c Household, Structural & Industrial Entomology
1d Medical, Veterinary & Public Health Entomology
1e Orchard and Nut Tree Entomology
1f Ornamental & Turf Entomology
1g Mosquito Control Entomology

Control of weeds:

- 3a Agricultural Weed Control
3b Turf, Ornamental & Shade Tree Weed Control
3c Forest Weed Control
3d Right-of-way & Industrial Weed Control
3e Aquatic Weed Control

Control of plant pathogens:

- 2a Agricultural Plant Pathology
2b Turf, Ornamental, Shade Tree and Floral Plant Pathology
2c Forest Plant Pathology
2d Orchard Pathology

Soil Management:

- 4a Agricultural Field Soil Management
4b Agricultural Soil, Water & Tissue Analysis
4c Agricultural Soil Reclamation
4d Agricultural Water Management

* You must apply to the Structural Pest Control Commission for approval for this exam.

I meet one or more of the following requirements for certification as an Agricultural Consultant:

- I am currently certified in one or more of the Agricultural Consultant certification categories.
I hold a bachelor's, master's, or doctor's degree from an accredited college or university in an appropriate discipline; transcripts are attached.
I have earned at least thirty semester hours of college credit in agronomy, soil science, weed science, entomology, horticulture, plant physiology, or other biological science, or any combination of such.
I have earned at least four hours of college credit in each discipline area for which certification is sought.
I have with a master's or doctor's degree, at least one crop season of experience, or with a bachelor's degree, at least two crop seasons of experience in the field for which I request certification, employed as a field scout by a certified and licensed Agricultural Consultant.

Summarize work experience (employer, nature of work, and dates of employment) **

Summarize education (degree(s), date awarded and school) **

Please Return this Form & Remittance to: Louisiana Department of Agriculture & Forestry 5825 Florida Blvd., Suite 1003 Baton Rouge LA 70706

I hereby certify that the above information is, to the best of my knowledge, correct and reliable.

SIGNATURE DATE

** Although this application requests summaries of work experience and education, to be assured that the review committee has a complete picture of your background, it is required that you attach college transcripts and notarized affidavits from employers who are licensed Agricultural Consultants. This application will remain active for one year after your approval date. You will have to reapply after that date.

All facilities, programs, and services of the Louisiana Department of Agriculture & Forestry are available to all persons. Discrimination is prohibited and should be reported to the Commissioner of Agriculture & Forestry.

TESTING 0800 1605 13

OFFICE USE table with columns for Transmittal #, Check #, Date, Amt. \$ and a total of .00