



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY  
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### HORTICULTURE CHANGE OF INFORMATION REQUEST

RETURN THIS FORM BY MAIL, FAX, OR EMAIL TO:  
 5825 FLORIDA BLVD., SUITE 3002, BATON ROUGE, LA 70806 - 225.237.5571 - horticulture@ldaf.state.la.us

Verification	
Name:	SSN/Tax ID #:
License Type(s):	License/Permit Number(s):

Please provide ONLY the information that has changed.

New Name		
New Physical Address		
Address		City
State		Zip Code
New Mailing Address		
Address		City
State		Zip Code
New Phone Number		
New Email Address		
New Company Name**		
New Company Address		
Address		City
State	Zip Code	Phone Number

**\*\*If your license requires insurance, submit a certificate of insurance reflecting the new company name.**

**My signature affirms that all the information provided is true and correct to the best of my knowledge.**

Signature:	Date:
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LDAF OFFICE USE ONLY

Signature of employee:	Date of Changes:
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