



**Feral Swine Authorized Transporter Application**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Description of vehicles used to transport feral swine (including Make, Model & License Tag Numbers):

Year/			License
Make:	_____	Model: _____	Plate #: _____
Year/			License
Make:	_____	Model: _____	Plate #: _____
Year/			License
Make:	_____	Model: _____	Plate #: _____

Brief statement describing the area and parishes wherein the applicant typically transports feral swine:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please return this application by mail, fax or email to:

**Louisiana Department of Agriculture & Forestry**  
**5825 Florida Blvd., Suite 4000**  
**Baton Rouge, LA 70806**  
**225-925-3980      225-237-5561 (fax)**  
**Email: [jroberts@ldaf.state.la.us](mailto:jroberts@ldaf.state.la.us)**

**For Office Use Only**

Date Received: \_\_\_\_\_ **AUTHORIZATION #:** \_\_\_\_\_ LDAF Personnel Signature: \_\_\_\_\_