



APPLICATION FOR RECIPROCAL PESTICIDE APPLICATORS LICENSE

NAME: _____ E-MAIL: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 CELL PHONE: () _____ WORK PHONE: () _____
 PLACE OF EMPLOYMENT: _____
 EMPLOYMENT ADDRESS: _____
 STATE LICENSED IN: _____ LICENSE #: _____ LICENSE EXPIRATION: _____

COMMERCIAL PESTICIDE APPLICATOR CATEGORIES

- | | |
|---|---|
| <input type="checkbox"/> 1 Agricultural Pest Control | <input type="checkbox"/> 7c2 Non-Fee Vertebrate Control |
| <input type="checkbox"/> 2a General Forestry Pest Control | <input type="checkbox"/> 7c3 Non-Fee Stored Grain |
| <input type="checkbox"/> 2b Forestry Tree Seed Orchards & Nurseries | <input type="checkbox"/> 7d Non-Fee School Employee |
| <input type="checkbox"/> 2c Wood Processing | <input type="checkbox"/> 8a Mosquito Control Applicator |
| <input type="checkbox"/> 3 Ornamental & Turf Pest Control | <input type="checkbox"/> 8b Rodent Control |
| <input type="checkbox"/> 4 Seed Treatment | <input type="checkbox"/> 8c Community Public Health |
| <input type="checkbox"/> 5a Aquatic Pest Control | <input type="checkbox"/> 8d Mosquito Control Program Director |
| <input type="checkbox"/> 5b Antifouling Paints | <input type="checkbox"/> 8e Antimicrobial Pest Control |
| <input type="checkbox"/> 6 Right of Way & Industrial Pest Control | <input type="checkbox"/> 8f Sewer Root Control |
| <input type="checkbox"/> 7b Non-Fee Institutional Pest Control | <input type="checkbox"/> 10 Demonstration & Research |
| <input type="checkbox"/> 7c1 Non-Fee General Pest Control | <input type="checkbox"/> 11 Aerial Pesticide Applicator |
| | <input type="checkbox"/> RUP Salesperson |

Resident Agent Designation

Name of person who is a resident of Louisiana and who will receive papers as your resident agent should enforcement actions be taken upon you. In lieu of a personally known representative, the applicant may designate, in writing, the Louisiana Secretary of State as their resident agent.

Louisiana Secretary of State is designated as my resident agent.

OR

Name of selected resident agent: _____
 Title: _____ PHONE: () _____
 Business Name: _____
 Address: _____

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

Signature _____ Date _____

Submit the following items:

- Completed Form
- Photocopy of your Pesticide Applicator's License in the state you tested.
- Photocopy of a valid government issued identification card.
- Payment - \$20.00 annual Certification Card fee
 Check or money order payable to Louisiana Department of Agriculture & Forestry

Please Return this Form & Remittance to:
Louisiana Department of Agriculture & Forestry
5825 Florida Blvd., Suite 1003
Baton Rouge LA 70806

In accordance with Article 7, Section 9 of the Constitution for the State of Louisiana, the Department of Agriculture & Forestry is required to immediately deposit all funds collected into the State Treasury. Deposit of your check in the State Treasury does not indicate you qualify for the reciprocal license. If for any reason you do not qualify for the reciprocal license, you will receive a refund.

OFFICE USE

Transmittal # _____
 Check # _____
 Date _____
 Amt. \$ _____ **.00**