



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
 MIKE STRAIN DVM, COMMISSIONER

Structural Pest Control Commission, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-4578, FAX (225) 923-4878

PLACE OF BUSINESS PERMIT

2303

ANNUAL FEE

\$150 – 2 or fewer licensed pest control operators and/or technicians

\$200 – 3 or more licensed pest control operators and/or technicians

All information must be typed or printed

INITIAL

RENEWAL

Name of Business	Federal Tax ID #	Business LDAF ID #
Mailing Address	Phone #	
City, State, Zip	Fax #	
Physical Address	Contact Name	
E-mail	LDAF ID #	

LOUISIANA STRUCTURAL PEST CONTROL LICENSEES

Check Primary Licensee

**Check Phase(s) of License
 \$10 per phase**

<input checked="" type="checkbox"/>	Name	LDAF #	1	2	3	4	5	6	Fee
									\$
									\$
									\$
Additional Page Total									\$
Total									\$

TECHNICIANS

Technicians must be registered by the Place of Business

**Check Phase(s) of Registration
 \$25 Fee for each Technician listed**

	Name	LDAF #	1	2	3	4	5	6	Fee
									\$
									\$
									\$
Additional Page Total									\$
Total									\$

If you have more technicians than space allows, please continue on a separate piece of paper, listing all required information, or with the additional page available on the department website.

- Phases: 1. General Pest Control 2. Commercial Vertebrate Control 3. Termite Control**
4. Structural Fumigation 5. Ship Fumigation 6. Commodity Fumigation

Note: Phases must correspond to those phases for which the technician is registered, not to exceed those of the supervising licensee, when engaging in pest control work.

I (we) do hereby apply for Place of Business permit in accordance with R.S. 3:3367 & agree to keep records as required in R.S. 3:3369 (1)

Licensee Signature _____

Name _____

Date _____

Amount of Remittance \$ _____

*****Please return this form & remittance to:*****
Louisiana Department of Agriculture & Forestry
5825 Florida Blvd. Suite 1003
Baton Rouge LA 70806

OFFICE USE ONLY:

LDAF ID NO.: _____

DATE ISSUED: _____

OFFICE USE

Transmittal # _____

Check # _____

Date _____

Amt. \$ _____

PLACE OF BUSINESS 0600 1595 03 \$ _____.

LICENSE OPERATOR 0600 1595 04 \$ _____.

TECHNICIANS 0600 1595 05 \$ _____.

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