



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

2314

Advisory Commission on Pesticides, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-3763, FAX (225) 925-3760, pestcert@ldaf.state.la.us

AFFIDAVIT FOR AGRICULTURAL CONSULTANT APPLICATION

Return this notarized form with your application

- D. No new applications for an agricultural consultant's certificate shall be accepted unless the applicant furnishes satisfactory evidence that he meets the following requirements:
 - (1.) He holds a bachelor's, master's, or a doctor's degree from an accredited college or university
 - (2.) He has earned at least thirty semester hours of college credit in agronomy, soil science, weed science, entomology, plant pathology, horticulture, plant physiology, or other biological science, or any combination of such.
 - (3.) He has earned at least three hours of college credit in each discipline area for which certification is sought. The four discipline areas requiring certification are entomology, plant pathology, weed science, and soil science.
 - (4.) He has, with a master's or doctor's degree, at least one crop season of experience, and with a bachelor's degree, at least two crop seasons of experience, in the field for which he requests certification, employed by a certified agricultural consultant.
- E. All experience shall be documented in such a manner as the commissioner may require. The commissioner may waive the requirement of experience while employed by an agricultural consultant for applicants with a master's or doctor's degree who demonstrate other comparable experience. **(RS 3:3246)**

The agricultural consultant application experience requirements shall be substantiated by a notarized statement from the person who was responsible for the applicant during the time this experience was gained **(LAC § 715)**

APPLICANT'S NAME	LDAF I.D. NO.	SOCIAL SECURITY NUMBER XXX-XX-	DATE OF BIRTH
SUPERVISOR'S NAME	LDAF I.D. NO.	NAME OF COMPANY	LOCATION
APPLICANT'S JOB TITLE WHILE UNDER SUPERVISION		FROM (Month/Day/Year)	TO (Month/Day/Year)
LOCATION OF EMPLOYMENT		WORK WAS: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
JOB DUTIES OF APPLICANT (Please specify category of experience: (1) Entomology, (2) Plant Pathology, (3) Weed control (4) Soil Management)			
SWORN TO AND SUBSCRIBED TO BEFORE ME		NOTARY PUBLIC SEAL	
This _____ Day of _____, 20____			

