



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

AFFIDAVIT

All affidavits must be typed. A notarized application for license must accompany this affidavit.

This form is to be completed by licensee or pest control operator verifying applicant's training and experience under their supervision.

Section 3368.C. (1), (2), (3), (4), of Title 3 of the Revised Statutes:

"Each applicant for examination shall possess one of the following qualifications in order to take the examination:

- C. (1) A degree from an accredited four-year college or university with a major in entomology.
- (2) A degree from an accredited four-year college or university with at least twelve semester hours of coursework in entomology and at least one year of experience within the last six years as a registered technician under the supervision of a licensee in the license category for which the applicant desires to take the examination.
- (3) Four years of experience within the last six years as a registered technician under the supervision of a licensee in the license phase for which the applicant desires to take the examination.
- (4) Four years of experience within the last six years as a technician under the supervision of a structural pest control operator in another state in the license category for which the applicant desires to take the examination. Experience with an out of state structural pest control operator shall be substantiated by evidence acceptable to the commission."

APPLICANT'S NAME	LDAF I.D. NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH
SUPERVISOR'S NAME	LDAF I.D. NO.	NAME OF COMPANY	LOCATION
APPLICANT WAS ENGAGED AS A <input type="checkbox"/> SALESMAN <input type="checkbox"/> SERVICEMAN		FROM (Month/Day/Year)	TO (Month/Day/Year)
APPLICANT'S WORK WAS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		PHASES REQUESTED (REGISTERED AND TRAINED IN):	
DATE (Month/Day/Year)		<input type="checkbox"/> GENERAL PEST CONTROL	
		<input type="checkbox"/> COMMERCIAL VERTEBRATE CONTROL	
		<input type="checkbox"/> TERMITE CONTROL	
		<input type="checkbox"/> STRUCTURAL FUMIGATION	
		<input type="checkbox"/> SHIP FUMIGATION	
SIGNATURE OF LICENSEE		<input type="checkbox"/> COMMODITY FUMIGATION	
SWORN TO AND SUBSCRIBED TO BEFORE ME		NOTARY PUBLIC SEAL	
This Day of , 20			