LOUISIANA DEPARTMENT of AGRICULTURE & FORESTRY
MIKE STRAIN, DVM *Commissioner*

OFFICE OF AGRICULTURE & ENVIRONMENTAL SCIENCES
5825 Florida Boulevard, Suite 3003
Baton Rouge, LA 70806
(225) 925-3763 / FAX (225) 925-3760

AGRICULTURAL CONSULTANT APPLICATION FOR COMMITTEE APPROVAL

Submission Deadlines: July 1st, December 1st

NAME:_____ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:_____
MAILING ADDRESS:_____ PARISH:_____
CITY:_____ STATE:_____ ZIP CODE:_____
HOME PHONE NUMBER:_____ WORK PHONE NUMBER:_____
OTHER PHONE:_____ EMAIL:_____
PLACE OF EMPLOYMENT:_____

Select which type applies:

☐ New applicant ☐ Currently certified agricultural consultant LDAF ID#_____

Control of insects, mites, nematodes or other invertebrates

Check all that apply:

- ☐ Agricultural Entomology
- ☐ Forest Entomology
- ☐ Medical, Veterinary and Public Health Entomology
- ☐ Orchard and Nut Tree Entomology
- ☐ Ornamental and Turf Entomology
- ☐ Mosquito Control Entomology

Control of Plant Pathogens

Check all that apply:

- ☐ Agriculture Plant Pathology
- ☐ Turf, Ornamental and Shade Tree, and Floral Plant Pathology
- ☐ Forest Plant Pathology
- ☐ Orchard Pathology

Control of Weeds

Check all that apply:

- ☐ Agricultural Weed Control
- ☐ Turf, Ornamental and Shade Tree Weed Control
- ☐ Forest Weed Control
- ☐ Right-of-way and Industrial Weed Control
- ☐ Aquatic Weed Control

Soil Management

Check all that apply:

- ☐ Agricultural Field Soil Management
- ☐ Agricultural Soil, Water and Tissue Analysis
- ☐ Agricultural Soil Reclamation
- ☐ Agricultural Water Management

I meet the following requirements for certification testing as an Agricultural Consultant:

- ☐ I hold a bachelor's, master's or doctor's degree from an accredited college or university in an appropriate discipline; transcripts are attached.
- ☐ I have earned at least thirty semester hours of college credit in agronomy, soil science, weed science, entomology, horticulture, plant physiology, or other biological science, or any combination of such.
- ☐ I have earned at least three hours of college credit in each discipline area for which certification is sought. The four discipline areas of Agricultural Consultant certification are entomology, plant pathology, weed science and soil science.
- ☐ I have a master's or doctor's degree, at least one crop season of experience, or with a bachelor's degree, at least two crop seasons of experience in the field for which I request certification, employed as a field scout by a certified and licensed Agricultural Consultant.

Summarize work experience (employer, nature of work, and dates of employment)*

Summarize education (degree(s), date awarded and school)*

Please return this form to:
Louisiana Department of Agriculture & Forestry
5825 Florida Blvd., Suite 3003
Baton Rouge, LA 70806

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

SIGNATURE: _____ DATE: _____

*Although this application requests summaries of work experience and education, to be assured that the review committee has a complete picture of your background, it is required that you attach college transcripts and notarized affidavits from employers who are licensed Agricultural Consultants.