



## TECHNICIAN REGISTRATION CERTIFICATE APPLICATION

**Instructions:** All applications must be completely and properly filled out with payment mailed to the address below in order to be processed.

Name of Employee	ID #	Hire Date:	Employee Date of Birth
Employee Social Security #	Employee Email		Phone Number

Name of Company	Business ID #	Phone Number		
Mailing Address	City	State	Zip Code	Licensee Email
Licensee Name (Print)	Licensee Signature		Licensee ID #	

<b>LDAF DISTRICT OFFICE TESTING LOCATIONS (Please select one):</b>		
<input type="checkbox"/> Baton Rouge (Main Office)	<input type="checkbox"/> Monroe	<input type="checkbox"/> Woodworth (Alexandria)
<input type="checkbox"/> Crowley	<input type="checkbox"/> New Orleans	
<input type="checkbox"/> Haughton (Shreveport)	<input type="checkbox"/> Opelousas	

**Select one:**     **Initial Test**     **Retest**

Please select all that apply. All fees must be included with each application to be processed.

- \$25.00 -- Administrative Processing Fee -- Non-Refundable**    \*\*\*Only required for initial application\*\*\*
- \$25.00 -- Technician Examination Fee**
- \$25.00 -- WDIR Technician Examination Fee**    (Must submit a copy of certificate from department approved WDIR training course with application for the **WDIR Technician Examination**)
- \$10.00 -- Change of Employment**
- \$10.00 -- Duplicate Card Fee**
- Picture of Technician** -- emailed to [spc@ldaf.state.la.us](mailto:spc@ldaf.state.la.us)

<b>Employee will be engaged and trained in (Select all that apply):</b>		
<input type="checkbox"/> General Pest	<input type="checkbox"/> Termite Control	<input type="checkbox"/> Structural Fumigation
<input type="checkbox"/> Commercial Vertebrate	<input type="checkbox"/> WDIR Technician (Additional Exam Required)	<input type="checkbox"/> Commodity Fumigation
		<input type="checkbox"/> Ship Fumigation

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

**OFFICE USE ONLY**

Date of Exam: \_\_\_\_\_ Score: \_\_\_\_\_ Input in System: \_\_\_\_\_ Flagged to Print: \_\_\_\_\_

Technician Picture Received: Yes  No     If no, date notified PCO: \_\_\_\_\_

Technician Exam Fee 1603022323 A02..A0200 4550235 \$ \_\_\_\_\_  
Admin Process Fee 1603022323 A02..A0200 4550236 \$ \_\_\_\_\_

<b>OFFICE USE</b>									
Transmittal #									
Check #									
Date									
Amt. \$									.00