



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

Mike Strain DVM, Commissioner

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 925-3796

2022 INITIAL APPLICATION FOR GROUND OWNER OPERATOR LICENSE

Owner/Principal Officer: _____ LDAF ID No.: _____
(Office Use Only)
Company Name: _____ Phone No.: _____
Mailing Address: _____ Fax No.: _____
City/State/Zip: _____ Federal Tax ID: _____ -
Physical Address: _____ E-mail: _____
City/State/Zip: _____ Parish: _____

Table with 4 columns: Description, Amount, Tax, Total. Rows include Louisiana Resident License Fee (\$200), Louisiana Non-Resident License Fee (\$500), Equipment Registration Fee (X \$50.00), and Amount Due = \$0.00.

INSTRUCTIONS:

- Current proof of liability insurance not less than \$25,000 must be filed with this office before a license can be issued. Liability insurance certificates may accompany this application or be submitted via email to pestcert@ldaf.state.la.us
Must employ at least one Louisiana certified Commercial Pesticide Applicator and provide their information on Page 2.
Must provide a description of all mechanically powered pesticide application equipment on Page 2.
Do not staple payment to your application! Checks or Money orders are the only accepted methods of payment. DO NOT MAIL CASH! Make payable to: LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY.
Mail to: Louisiana Dept. of Agriculture & Forestry, 5825 Florida Blvd., Ste. 1003, Baton Rouge, LA 70806.

I (we) do hereby apply for licensing in accordance with R. S. 3:3242 and agree: 1) to maintain liability coverage as required by R. S. 3:3242(C)(D) and 2) to keep and furnish records to the Commissioner upon request as required by R. S. 3:3243(G) and the regulations adopted pursuant thereto.

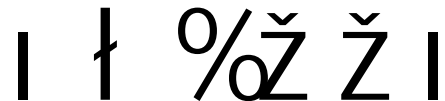
Print Name

Print Name

Signature Date

Signature

Date



AES-07-04 (r.8/21)

OFFICE USE
Transmittal #
Check #
Date
Amt. \$.00

RESIDENT 0800 1605 01
NON-RESIDENT 0800 1605 N1
EQUIPMENT 0800 1605 02

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Insurance Effective	Insurance Expires	Insurance Carrier/Policy *

Certified Commercial Pesticide Applicators *If no card has been renewed for the current year, license will be delayed.*
May Add Second Page If Too Many to List.

Name	Address	LDAF ID	Certifications	Card Expires

**** Mechanically Powered Pesticide Application Equipment (\$50 per equipment) May Add Second Page If Too Many To List.**

Make	Model	Identification No.	Type Equipment	Decal No.

Total count of equipment: _____ X \$50 = _____

- NOTES:** Resident means any person who has been domiciled in Louisiana for 90 days or longer.
- Non-resident means any person who is not a resident of Louisiana. If you are registered with the Secretary of State as an out of state corporation, you are a non-resident of Louisiana.
- * Please include a current copy of liability insurance with your application **OR** email a copy to: pestcert@daf.state.la.us to avoid delaying the issuance of the license.
 - ** Please include the Mechanically Powered Pesticide Application Equipment registration fee(s) at the time of application to avoid delaying the issuance of the license.