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

OFFICE OF AGRICULTURE & ENVIRONMENTAL SCIENCES
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(225) 925-3763 / FAX (225) 925-3760

AFFIDAVIT FOR AGRICULTURAL CONSULTANT APPLICATION

RETURN THIS NOTARIZED FORM WITH YOUR APPLICATION

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)**.

APPLICANTS NAME:_____ SOCIAL SECURITY NUMBER:_____

LDAF ID NUMBER:_____ DATE OF BIRTH:_____

SUPERVISOR'S NAME:_____ SUPERVISOR'S LDAF ID NUMBER:_____

NAME OF COMPANY:_____ LOCATION:_____

APPLICANT'S JOB TITLE WHILE UNDER SUPERVISION:_____

FROM (MONTH/DAY/YEAR):_____ TO (MONTH/DAY/YEAR):_____

LOCATION OF EMPLOYMENT:_____

WORK WAS (CHOOSE ONE): ☐ SATISFACTORY ☐ 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____