



INITIAL APPLICATION FOR RESTRICTED USE PESTICIDE (RUP) DEALER BUSINESS LICENSE

Owner/Principle Owner: _____ LDAF ID Number: _____
Company Name: _____ Phone Number: _____
Mailing Address: _____ City/State/ZIP: _____
Physical Address: _____ City/State/ZIP: _____
Parish: _____ Federal Tax ID: _____
Email Address: _____ Fax Number: _____

LOUISIANA RESIDENT PESTICIDE DEALER LICENSE FEE \$200 _____

LOUISIANA NON-RESIDENT PESTICIDE DEALER LICENSE FEE \$500 _____

AMOUNT DUE

INSTRUCTIONS:

- Must employ at least one Louisiana certified RUP Salesperson or Commercial Pesticide Applicator and provide their information on Page 2.
- 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.
- 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.

RESIDENT 0800 1605 01 _____
NON-RESIDENT 0800 1605 N1 _____

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

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Louisiana Certified Salespersons or Commercial Applicators:

(If no card has been renewed for the current year, license will be delayed. May add additional page if too many applications to list below.)

Salesperson or Applicator 1:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Salesperson or Applicator 2:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Salesperson or Applicator 3:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Salesperson or Applicator 4:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Salesperson or Applicator 5:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Print Name: _____

Signature: _____

Date: _____