

LOUISIANA DEPARTMENT of AGRICULTURE & FORESTRY

MIKE STRAIN, DVM Commissioner

INITIAL APPLICATION FOR RESTRICTED USE PESTICIDE (RUP) DEALER LICENSE

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

LOUISIANA RESIDENT PESTICIDE DEALER LICENSE FEE \$200	\$	0
LOUISIANA NON-RESIDENT PESTICIDE DEALER LICENSE FEE \$500	\$0)0
AMOUNT DUE =	\$	0

INSTRUCTIONS:

- Must employ at least one Louisiana certified Sales Person OR Commercial Pesticide Applicator and provide their information on Page 2.
- Do not staple payment to your application! Checks or Money Orders are the only accepted methods of payment. <u>DO NOT MAIL CASH!</u> Make payable to:

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

• Mail to: Louisiana Dept. of Agriculture & Forestry, 5825 Florida Blvd., Ste. 1003, Baton Rouge, LA 70806

P	rint	N	am	e									

Signature	Date					

AES-07-07(r.10/24)

OFFICE USE												
Transmittal #												
Check #												
Date												
Amt. \$.0	0		

RESIDENT 0800 1605 01____ NON RESIDENT 0800 1605 N1____

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Louisiana Certified Sales Persons or Commercial 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

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. If you are registered with the Secretary of State as an out of state corporation, you are a non-resident.