



LOUISIANA  
**DEPARTMENT of  
AGRICULTURE  
& FORESTRY**

**Louisiana Department of Agriculture and Forestry Pesticide Training  
Verification Form**

*This is an official document. Altering this form will render it invalid.*

Meeting ID: 0001YF



+0001YF

**Name of Program:** SPC Licensee & Technician  
Recertification  
**Location:** 6217 MS-613 Moss Point, MS 39402  
**Program Date:** 8/19/2025

**Approved for these categories and credits:**  
8B(0), AGS(0), GSC(0), LP1(0), LP2(0), LP3  
(0), P1(0), P2(0), P3(0), P8(0), SGS(0), TE(0)

A COMPLETE CERTIFICATION NUMBER MUST BE INCLUDED FOR CREDIT TO BE GRANTED

Print Full Name	LA Certification # (list all certification #s)	Phone Number	Email Address	Signature

Return by Mail or Email **within 14 calendar days** of the program date to:

Louisiana Department of Agriculture and Forestry, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806

Telephone: (225) 925-3763 Email: [pestcert@ldaf.state.la.us](mailto:pestcert@ldaf.state.la.us)

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_