



INITIAL APPLICATION FOR AGRICULTURAL CONSULTANT BUSINESS LICENSE

Application Year: _____

Owner/Principal Officer: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

City/State/ZIP: _____ Federal Tax ID Number: _____

Physical Address: _____ Email Address: _____

City/State/ZIP: _____ Parish: _____

RESIDENT AG CONSULTANT LICENSE FEE \$200 _____

NON-RESIDENT AG CONSULTANT LICENSE FEE \$500 _____

REGISTERED FIELD SCOUT(S) _____ X \$10 EACH _____

AMOUNT DUE _____

INSTRUCTIONS:

- Add names of Registered Field Scouts in the space provided on Page 3.
- 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.
- If you need additional forms, contact our office at (225) 925-3796 or pestcert@ldaf.state.la.us
- Do not staple payment to your application! Checks or Money Orders are the only accepted methods of payment. **DO NOT MAIL CASH!** Make checks payable to: **LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**
- Mail to: Louisiana Department of Agriculture and Forestry, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806

RESIDENT 0800 1605 01 _____
NON RESIDENT 0800 1605 N1 _____
FIELD SCOUT 0800 1605 06 _____

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

INITIAL APPLICATION FOR AGRICULTURAL CONSULTANT BUSINESS LICENSE - PAGE 2

Louisiana Certified Agricultural Consultants

Only those consultants who are tested and certified in Louisiana are to be listed on your application. We do not have a reciprocal agreement with any state. Application must include at least one Louisiana certified agricultural consultant.

Consultant 1:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Consultant 2:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Consultant 3:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Consultant 4:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Consultant 5:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

INITIAL APPLICATION FOR AGRICULTURAL CONSULTANT BUSINESS LICENSE - PAGE 3

Louisiana Certified Field Scouts

All Field Scouts must be listed by their employer, R.S. 3:3246(F). To register your Field Scout, please include a \$10.00 fee for each.

Field Scout 1:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Field Scout 2:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Field Scout 3:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Field Scout 4:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Field Scout 5:

Name: _____ Address: _____ LDAF ID: _____
Certifications: _____ Card Expiration Date: _____

Total count of Field Scouts: _____

Total count multiplied by \$10.00 = _____

Print Name: _____

Signature: _____

Date: _____