



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Horticulture Commission, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

\*5626\*

APPLICATION FOR EXAMINATION(S)

MAKE YOUR NUMBERS & LETTERS EXACTLY LIKE THESE EXAMPLES. USE CAPITAL LETTERS ONLY.

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

NAME Mr. Ms. Mrs. FIRST MIDDLE LAST SUFFIX

PHONE BUSINESS PHONE E-MAIL ADDRESS

DATE OF BIRTH \* Social Security No.

\* All applicants for licensure or permitting under the provisions of L.R.S. 3:3801 et seq., must have attained their eighteenth (18th) birthday.

MAILING ADDRESS CITY STATE ZIP CODE PARISH

BUSINESS NAME BUSINESS ADDRESS CITY STATE ZIP CODE PARISH

PLEASE CHECK IF RE-TAKE

NOTE: A \$114.00 fee for each exam must accompany this form. You have 90 days from time of application in which to take exam or your exam fee will be forfeited. Make check or money order payable to Louisiana Horticulture Commission.

LANDSCAPE HORTICULTURIST ARBORIST LANDSCAPE IRRIGATION CONTRACTOR UTILITY ARBORIST

SIGNATURE DATE

Please check the office at which you want to take the examination:

BATON ROUGE ALEXANDRIA SHREVEPORT OPELOUSAS MONROE NEW ORLEANS CROWLEY

EXAM APPLICATION FEE 0130 1595 01 1206

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