



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

AES-56-26 (r.11/24)

OFFICE USE	
Transmittal #	<input type="text"/>
Check #	<input type="text"/>
Date	<input type="text"/>
Amt. \$	<input type="text"/> .00