

## APPLICATION FOR TESTING FOR AGRICULTURAL CONSULTANT

PURP	OSE:						
Ini	itial Testing Retesting	Additional Categorie	es				
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NAME			SOCIAL SECURITY N	10. <u>A</u>	<u> </u>		
MAILIN	NG ADDRESS		P/	ARISH _			
CITY _		STATE _			ZIP CODE		
HOME	PHONE	WORK PHONE		OTHER			
PLACE	OF EMPLOYMENT						
EMAIL							
	s your only pesticide certification, you must		-		ll Standards exam, each exam is <b>\$50.00</b> .		
		`	,				
Contr	ol of insects, mites, nematodes or o	ther invertebrates:		Control of weeds:			
☐ 1a ☐ 1b	Agricultural Entomology Forest Entomology			_	Agricultural Weed Control Turf, Ornamental & Shade Tree Weed Contro		
☐ 1d	Medical, Veterinary & Public Health Entor			Forest Weed Control			
□ 1e	Orchard & Nut Tree Entomology				Right-of-way & Industrial Weed Control		
☐ 1f ☐ 1g	Ornamental & Turf Entomology  Mosquito Control Entomology			□ 3e	Aquatic Weed Control		
Contr	ol of plant pathogens:		Soil Management:				
□ 2a	Agricultural Plant Pathology			□ 4a	Agricultural Field Soil Management		
□ 2b	Turf, Ornamental, Shade Tree, and Floral	Plant Pathology		☐ 4b	Agricultural Soil, Water & Tissue Analysis		
☐ 2c ☐ 2d	Forest Plant Pathology Orchard Pathology			☐ 4c ☐ 4d	Agricultural Soil Reclamation Agricultural Water Management		
	e Return this Form & Remittance to						
5825 I	iana Department of Agriculture & Fo Florida Blvd., Suite 1003 I Rouge, LA 70706	prestry					

In accordance with Article 7, Section 9 of the Constitution for the State of Louisiana, the Department of Agriculture & Forestry is required to immediately deposit all funds collected into the State Treasury. Deposit of your check in the State Treasury does not indicate you qualify to take the exam(s). If for any reason you do not qualify to take the exam(s), you will receive a refund.

All facilities, programs, and services of the Louisiana Department of Agriculture & Forestry are available to all persons. Discrimination is prohibited and should be reported to the Commissioner of Agriculture & Forestry.

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

TESTING 0800 1605 03