OFFICE OF AGRICULTURE & ENVIRONMENTAL SCIENCES

5825 Florida Boulevard, Suite 1003 Baton Rouge, LA 70806 (225) 925-3796

APPLICATION FOR TESTING FOR AGRICULTURAL CONSULTANT

| Name: | | Social Security Number (last 4 only): | | | | | |
|------------------------|------------------|---|--|--|--|--|--|
| Mailing Address: | | City/State/ZIP: | | | | | |
| Cell Phone: | | Work Phone: | | | | | |
| Other Phone: | | Parish: | | | | | |
| Email Address: | | | | | | | |
| | | | | | | | |
| | your application | must submit an Agricultural Consultant Application for on is approved, agricultural consultant category exams can | | | | | |
| PURPOSE Choose one: | | | | | | | |
| Initial Testing | Retest | Additional Categories | | | | | |

If this is your only pesticide certification, you must also take the General Standards exam.

General Standards (Required; No Charge)

CONSULTANT CATEGORY OR CATEGORIES TO BE TESTING IN:

Control of Insects, Mites, Nematodes or Other Invertebrates (\$50 EACH) Choose all that apply:

- 1a Agricultural Entomology
- 1b Forest Entomology
- 1d Medical, Veterinary and Public Health Entomology
- 1e Orchard and Nut Tree Entomology
- 1f Ornamental and Turf Entomology
- 1g Mosquito Control Entomology

Control of Plant Pathogens (\$50 EACH)

Choose all that apply:

- 2a Agricultural Plant Pathology
- 2b Turf, Ornamental, Shade Tree, and Floral Plant Pathology
- 2c Forest Plant Pathology
- 2d Orchard Pathology

Control of Weeds (\$50 EACH)

Choose all that apply:

- 3a Agricultural Weed Control
- 3b Turf, Ornamental and Shade Tree Weed Control
- 3c Forest Weed Control
- 3d Right-of-way and Industrial Weed Control
- 3e Aquatic Weed Control

Soil Management (\$50 EACH)

Choose all that apply:

- 4a Agricultural Field Soil Management
- 4b Agricultural Soil, Water, and Tissue Analysis
- 4c Agricultural Soil Reclamation
- 4d Agricultural Water Management

Please return the form and remittance to:

Louisiana Department of Agriculture and Forestry 5825 Florida Blvd., Suite 1003 Baton Rouge, LA 70806

| OFFICE USE | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|-----|---|--|
| Transmittal # | | | | | | | | | | | |
| Check# | | | | | | | | | | | |
| Date | | | | | | | | | | | |
| Amt. \$ | | | | | | | | | .00 | 0 | |