



**APPLICATION FOR RECIPROCAL PESTICIDE EXAM WAIVER**

FULL NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CELL PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_  
 EMPLOYMENT ADDRESS: \_\_\_\_\_  
 STATE LICENSED IN: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ LICENSE EXPIRATION: \_\_\_\_\_

**LOUISIANA COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION CATEGORIES**

- GS: All commercial applicators are required to have taken a General Standards or Core exam.
- 1 Agricultural Pest Control
- 2a General Forestry Pest Control
- 2b Forestry Tree Seed Orchards & Nurseries
- 2c Wood Processing
- 3 Ornamental & Turf Pest Control
- 4 Seed Treatment
- 5a Aquatic Pest Control
- 5b Antifouling Paints
- 6 Right of Way & Industrial Pest Control
- 7b Non-Fee Institutional Pest Control
- 7c1 Non-Fee General Pest Control
- 7c2 Non-Fee Vertebrate Control
- 7c3 Non-Fee Stored Grain
- 7d Non-Fee School Employee
- 8a Mosquito Control Applicator
- 8b Rodent Control
- 8c Community Public Health
- 8d Mosquito Control Program Director
- 8e Antimicrobial Pest Control
- 8f Sewer Root Control
- 10 Demonstration & Research
- 11 Aerial Pesticide Applicator

**Resident Agent Designation**

Name of person who is a resident of Louisiana and who will receive papers as your resident agent should enforcement actions be taken upon you. In lieu of a personally known representative, the applicant may designate, in writing, the Louisiana Secretary of State as their resident agent.

Louisiana Secretary of State is designated as my resident agent.

**OR**

Name of selected resident agent: \_\_\_\_\_  
 Title: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

I hereby certify that the above information is, to the best of my knowledge, correct and reliable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit the following items:**

- Completed Form
- Photocopy of your Pesticide Applicator's License in the state you tested.
- Photocopy of a valid government issued identification card.
- Payment - \$20.00 annual Certification Card fee  
 Check or money order payable to **Louisiana Department of Agriculture & Forestry**

*Please Return this Form & Remittance to:*  
**Louisiana Department of Agriculture & Forestry**  
**5825 Florida Blvd., Suite 1003**  
**Baton Rouge LA 70806**

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 for the reciprocal license. If for any reason you do not qualify for the reciprocal license, you will receive a refund.

**OFFICE USE**

Transmittal # \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Amt. \$ \_\_\_\_\_ .00