LOUISIANA DEPARTMENT of AGRICULTURE & FORESTRY
MIKE STRAIN, DVM *Commissioner*

OFFICE OF AGRICULTURE & ENVIRONMENTAL SCIENCES
5825 Florida Boulevard, Suite 1003
Baton Rouge, LA 70806
(225) 925-3796

APPLICATION FOR RECIPROCAL PESTICIDE EXAM WAIVER

Name:_____ Social Security Number (last 4 only):_____

Mailing Address:_____ City/State/ZIP:_____

Cell Phone:_____ Work Phone:_____

Email Address:_____

Place of Employment:_____

Employment Address:_____

State Licensed In:_____ License Number:_____ License Expiration:_____

LOUISIANA COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION CATEGORIES

Choose all that apply:

- ☐ GS General Standards
  (*All commercial applicators are required to have taken a General Standards or Core Exam)*

- ☐ 1 Agricultural Pest Control
- ☐ 2a General Forestry Pest Control
- ☐ 2c Wood Processing
- ☐ 3 Ornamental & Turf Pest Control
- ☐ 4 Seed Treatment
- ☐ 5a Aquatic Pest Control
- ☐ 5b Antifouling Paints
- ☐ 6 Right of Way and Industrial Pest Control
- ☐ 7b Non-Fee Institutional Pest Control
- ☐ 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 (Fixed-wing/Rotary)
- ☐ 11 Aerial Pesticide Applicator (UAV)

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

CERTIFICATION 0800 1605 05

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.

Choose which option applies:

☐ Louisiana Secretary of State is designated as my resident agent.

☐ Name of selected resident agent:_____

Title:_____ Phone Number:_____

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
- Photocopy of current FAA pilot license for aerial applicators
- Payment - $20.00 annual Certification Card fee

  Check or money order payable to **Louisiana Department of Agriculture and Forestry**

Please return the form and payment (check or money order) to:

Louisiana Department of Agriculture and 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 and 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.