



HORTICULTURE AND QUARANTINE LICENSE REINSTATEMENT POLICY

This Policy shall apply to any person requesting reinstatement of a license under the jurisdiction of the Horticulture Commission (“Commission”) which has not been renewed in the past five years.

1. Any person may request reinstatement of a license by completing the License Reinstatement Form and submitting it to the Horticulture and Quarantine Division.
 - a. Mail: 5825 Florida Blvd. Suite 3002, Baton Rouge, LA 70806
 - b. Fax: 225.237.5571
 - c. Email: horticulture@ldaf.state.la.us
2. Pursuant to LAC 7:XXIX.121(D)(2), if the period of non-renewal is five years or greater, the applicant for reinstatement shall either:
 - a. retake the appropriate exam; or
 - b. petition the Commission for re-issuance of the license.
3. In order to petition the Commission for re-issuance of a license, the applicant for reinstatement shall provide evidence that he or she has been active in the appropriate profession during the period of non-renewal. Once this information has been received by LDAF Horticulture and Quarantine staff, the applicant for reinstatement will be contacted to appear before the Commission at its next regularly scheduled meeting. All requests for reinstatement and supporting documentation detailing activity during the period of non-renewal must be received 30 days prior to the next regularly scheduled Commission meeting. Applications received after that time will be scheduled for the following meeting.
4. The following information will be accepted as proof of activity in the appropriate profession during the period of non-renewal:
 - a. letter on company letterhead or notarized statement from an employer detailing work performed during the period of non-renewal in the area of licensure; and/or
 - b. proof of continuing education attended during the period of non-renewal. All submissions regarding proof of activity will be verified by the Commission staff. Submitting the above information is not a guarantee for re-issuance of a license.
5. If the applicant for reinstatement cannot provide sufficient proof that he or she has been active in the appropriate profession during the period of non-renewal, he or she will be required to retest.



LICENSE REINSTATEMENT FORM

Name:	Address:
Phone Number:	
Email:	
Type of License:	Last License Year:
First License Year:	

Provide work history in the area of profession during the period of non-renewal. (Proof of work history must be provided.)

Provide date(s) of last Continuing Education Training (if applicable). (Proof of the training must be provided.)

Any disciplinary actions? Yes No
If yes, please list here:

My signature affirms that all the information provided is true and correct to the best of my knowledge.

Signature of Licensee: _____ Date: _____

LDAF Office Use Only

Licensee has met the requirements of the Horticulture Regulations to petition the commission members for reinstatement of license.

Licensee has not met the requirements of the Horticulture Regulations to petition the commission members for reinstatement and is required to retest.

Horticulture Commission Use Only

Hearing Date: _____

Reinstated: Yes No Seminar Needed: Yes No

Reinstated for current year: Yes No

Director of Horticulture Commission: _____