



INITIAL APPLICATION FOR AERIAL OWNER OPERATOR BUSINESS LICENSE

Owner/Principle Owner: _____ LDAF ID Number: _____
Company Name: _____ Phone Number: _____
Mailing Address: _____ City/State/ZIP: _____
Physical Address: _____ City/State/ZIP: _____
Parish: _____ Federal Tax ID: _____
Email Address: _____ Fax Number: _____

Select type that applies best to you:

Phenoxy

Non-Phenoxy

LOUISIANA RESIDENT AERIAL OWNER OPERATOR LICENSE FEE \$200

LOUISIANA NON-RESIDENT AERIAL OWNER OPERATOR LICENSE FEE \$500

EQUIPMENT REGISTRATION FEE _____ x \$50.00

AMOUNT DUE

INSTRUCTIONS:

- Current proof of liability insurance not less than \$50,000 for Phenoxy and not less than \$25,000 for Non-Phenoxy must be filed with this office before a license can be issued. Liability insurance certificates may accompany this application or be submitted via email to pestcert@ldaf.state.la.us
- Must employ at least one Louisiana certified Commercial Pesticide Applicator and provide their information on Page 2.
- Must provide a description of all mechanically powered pesticide application equipment on Page 3.
- Resident means any person who has been domiciled in Louisiana for 90 days or longer.
- Non-resident means any person who is not a resident of Louisiana. If you are registered with the Secretary of State as an out of state corporation, you are a non-resident of Louisiana.
- Do not staple payment to your application! Checks or Money orders are the only accepted methods of payment. DO NOT MAIL CASH! Make payable to: **LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**
- Mail to: Louisiana Dept. of Agriculture & Forestry, 5825 Florida Blvd., Ste. 1003, Baton Rouge, LA 70806.

RESIDENT 0800 1605 01 _____
NON-RESIDENT 0800 1605 N1 _____
EQUIPMENT 0800 1605 02 _____

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

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Insurance Information:

Insurance Effective: _____

Insurance Expires: _____

Insurance Carrier/Policy: _____

Please include a current copy of liability insurance with your application **OR** email a copy to:
pestcert@ldaf.state.la.us to avoid delaying the issuance of the license.

Certified Commercial Pesticide Applicators:

(If no card has been renewed for the current year, license will be delayed. May add additional page if too many applications to list below.)

Pilots must be certified in Louisiana to qualify for aerial applicators. We have reciprocal agreement with surrounding states; however, the pilot must apply for Louisiana certification to become eligible.

Applicator 1:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Applicator 2:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Applicator 3:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

Applicator 4:

Name: _____ Address: _____ LDAF ID: _____

Certifications: _____ Card Expiration Date: _____

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Mechanically Powered Spray Equipment (\$50 per equipment):**

(May add additional page if too many applications to list below)

Please include the Mechanically Powered Pesticide Application Equipment registration fee(s) at the time of application to avoid delaying the issuance of the license.

Equipment 1:

Make: _____ Model: _____ Identification Number: _____

Equipment Type: _____ Decal Number: _____

Equipment 2:

Make: _____ Model: _____ Identification Number: _____

Equipment Type: _____ Decal Number: _____

Equipment 3:

Make: _____ Model: _____ Identification Number: _____

Equipment Type: _____ Decal Number: _____

Equipment 4:

Make: _____ Model: _____ Identification Number: _____

Equipment Type: _____ Decal Number: _____

Total count of equipment: _____ Multiply by \$50 = _____

I (we) do hereby apply for licensing in accordance with R. S. 3:3242 and agree: 1) to maintain liability coverage as required by R. S. 3:3242(C)(D) and 2) to keep and furnish records to the Commissioner upon request as required by R. S. 3:3243(G) and the regulations adopted pursuant thereto.

Print Name: _____

Signature: _____

Date: _____