LOUISIANA DEPARTMENT of
AGRICULTURE & FORESTRY
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HORTICULTURE CHANGE OF INFORMATION REQUEST

RETURN THIS FORM BY MAIL, FAX, OR EMAIL TO:

- 5825 FLORIDA BLVD., SUITE 3002, BATON ROUGE, LA 70806
- FAX – 225-237-5571
- Horticulture@ldaf.state.la.us

Verification	
Name:	Social Security Number and License Number:
License Type(s) or Permit:	Permit Number(s) and Tax ID Number:

Please provide **ONLY** the information that has changed:

New Name	
Name:	
New Physical Address	
Address:	City:
State:	Zip Code:
New Mailing Address	
Address:	City:
State:	Zip Code:
New Phone Number	
Phone Number:	
New Email Address	
Email Address:	
New Company Name **If your license requires insurance, submit a certificate of insurance reflecting the new company name.**	
Company Name:	
New Company Address:	
Address:	City:
State:	Zip Code:
New Company Phone Number:	
Phone Number:	

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

Signature:_____ **Date:**_____

LDAF Office Use Only

Signature of LDAF Employee:_____ **Date of Changes:**_____