



## FERAL SWINE AUTHORIZED TRANSPORTER APPLICATION

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Description of vehicles used to transport feral swine (including Make, Model, and License Tag Numbers):

Year/Make:	Model:	License Plate #:
Year/Make:	Model:	License Plate #:
Year/Make:	Model:	License Plate #:

Brief statement describing the area and parishes wherein the applicant typically transports feral swine:

Please return this application by mail or email to:

Louisiana Department of Agriculture & Forestry  
5825 Florida Blvd., Suite 4000  
Baton Rouge, LA 70806  
Office #: 225-925-3980  
Email: [vetreports@ldaf.state.la.us](mailto:vetreports@ldaf.state.la.us)

**For Office Use Only**

Date Received: \_\_\_\_\_ AUTHORIZATION #: \_\_\_\_\_ LDAF Personnel Signature: \_\_\_\_\_