



PLACE OF BUSINESS PERMIT

ANNUAL FEE

Choose which option applies best:

\$150 – 2 or fewer licensed pest control operators and/or technicians

\$200 – 3 or more licensed pest control operators and/or technicians

APPLICATION

Application Type: INITIAL RENEWAL

Name of Business: _____

Business LDAF ID Number: _____ Phone Number: _____

Mailing Address: _____

City, State, Zip: _____ Federal Tax ID Number: _____

Physical Address: _____

Contact Name: _____

Email: _____ LDAF ID Number: _____

PHASES

1. General Pest Control; 2. Commercial Vertebrate Control; 3. Termite Control;
4. Structural Fumigation; 5. Ship Fumigation; 6. Commodity Fumigation; and 8. WDIR Technician

LOUISIANA STRUCTURAL PEST CONTROL LICENSEES

Notes:

- Check phase(s) of license. **Fee: \$10 per phase per licensee.**
- Check box for Primary Licensee.

Name: _____	LDAF Number: _____	Fee: _____
Phase(s): 1 2 3 4 5 6		
Name: _____	LDAF Number: _____	Fee: _____
Phase(s): 1 2 3 4 5 6		
Name: _____	LDAF Number: _____	Fee: _____
Phase(s): 1 2 3 4 5 6		

Licensee Total: \$ _____

Annual Fee: \$ _____

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TECHNICIANS

Note:

- Phases must correspond to those phases for which the technician is registered, not to exceed those of the supervising licensee, when engaging in pest control work.
- Technicians must be registered by the Place of Business
- Check phase(s) of Registration. **Fee: \$25 per technician.**

Name: _____ LDAF Number: _____ Fee: _____
Phase(s): 1 2 3 4 5 6 8

Name: _____ LDAF Number: _____ Fee: _____
Phase(s): 1 2 3 4 5 6 8

Name: _____ LDAF Number: _____ Fee: _____
Phase(s): 1 2 3 4 5 6 8

Name: _____ LDAF Number: _____ Fee: _____
Phase(s): 1 2 3 4 5 6 8

Technician Total: \$ _____
Total from Page 1: \$ _____
TOTAL: \$ _____

If you have more licensees or technicians than space allows, please continue on page 3, listing all required information.

I (we) do hereby apply for Place of Business permit in accordance with R.S. 3:3367 and agree to keep records as required in R.S. 3:3369 (1).

Licensee Signature: _____ Name: _____

Date: _____ Amount of Remittance: \$ _____

Please submit this form and remittance to:

Louisiana Department of Agriculture and Forestry
5825 Florida Blvd., Suite 1003
Baton Rouge, LA 70806

OFFICE USE ONLY

LDAF ID NUMBER: _____

PLACE OF BUSINESS	0600	1595	03	\$
LICENSE OPERATOR	0600	1595	04	\$
TECHNICIANS	0600	1595	05	\$

OFFICE USE

Transmittal # _____

Check # _____

Date _____

Amt. \$ _____ .00

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LOUISIANA STRUCTURAL PEST CONTROL LICENSEES

Notes:

- Check phase(s) of license. **Fee: \$10 per phase per licensee.**
- Check box for Primary Licensee

Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6				
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6				
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6				
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6				

TOTAL: \$ _____

TECHNICIANS

Note:

- Technicians must be registered by the Place of Business
- Check phase(s) of Registration. **Fee: \$25 per technician.**

Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6	8			
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6	8			
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6	8			
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6	8			
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6	8			
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6	8			
Name:	_____						LDAF Number:	_____	Fee:	_____
Phase(s):	1	2	3	4	5	6	8			

TOTAL: \$ _____