



### PLACE OF BUSINESS PERMIT

**ANNUAL FEE**

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

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

All information must be typed or printed

**INITIAL**

**RENEWAL**

Name of Business	Federal Tax ID #	Business LDAF ID #
Mailing Address	Phone #	
City, State, Zip	Fax #	
Physical Address	Contact Name	
E-mail	LDAF ID #	

**LOUISIANA STRUCTURAL PEST CONTROL LICENSEES**

Check Primary Licensee

**Check Phase(s) of License  
\$10 per phase**

<input checked="" type="checkbox"/>	Name	LDAF #	1	2	3	4	5	6	Fee
									\$
									\$
									\$
Additional Page Total									\$
Total									\$

**TECHNICIANS**

Technicians must be registered by the Place of Business

**Check Phase(s) of Registration  
\$25 Fee for each Technician listed**

	Name	LDAF #	1	2	3	4	5	6	Fee
									\$
									\$
									\$
Additional Page Total									\$
Total									\$

If you have more technicians than space allows, please continue on a separate piece of paper, listing all required information, or with the additional page available on the department website.

- Phases: 1. General Pest Control    2. Commercial Vertebrate Control    3. Termite Control**  
**4. Structural Fumigation    5. Ship Fumigation    6. Commodity Fumigation**

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.

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

Licensee Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Amount of Remittance \$ \_\_\_\_\_

\*\*\*\*\*Please return this form & remittance to:\*\*\*\*\*  
**Louisiana Department of Agriculture & Forestry**  
**5825 Florida Blvd. Suite 1003**  
**Baton Rouge LA 70806**

**OFFICE USE ONLY:**

LDAF ID NO.: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

**OFFICE USE**

Transmittal # \_\_\_\_\_

Check #

Date \_\_\_\_\_

Amt. \$

**PLACE OF BUSINESS                    0600 1595 03 \$ \_\_\_\_\_.**

**LICENSE OPERATOR                    0600 1595 04 \$ \_\_\_\_\_.**

**TECHNICIANS                            0600 1595 05 \$ \_\_\_\_\_.**

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<input type="checkbox"/>	Name	LDAF #	1	2	3	4	5	6	Fee
									\$
									\$
									\$
									\$
									\$
Total									\$

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Total								\$