MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE BUREAU OF PLANT INDUSTRY P. O. BOX 5207 MISSISSIPPI STATE, MISSISSIPPI 39762

I hereby make application for examination(s) for a license as an Entomological, Plant Pathological and/or Weed Control Consultant in the category or categories checked below. Please read all of Subpart 3 - Bureau of Plant Industry; Chapter 11 - Regulation of Professional Services; Subchapter 02 - Regulations Governing Entomological, Plant Pathological and Weed Control Consultants before completing this application.

1. EN 7.	TOMOLOGICAL CONSULTAN	NT - CATEGORIES:				
()	(A) Agricultural Entomology					
()	(B) Forest Entomology					
()	(C) Household, Structural and In	Household, Structural and Industrial EntomologyMedical, Veterinary and Public Health Entomology				
()	(D) Medical, Veterinary and Pub					
()	(E) Orchard and Nut Tree Entom	ology				
()	(F) Ornamental Entomology					
2. PL A	ANT PATHOLOGICAL CONSU	LTANT – CATEGORIES				
()	(G) Agricultural Plant Pathology) Agricultural Plant Pathology				
()	(H) Forest Plant Pathology	Forest Plant Pathology				
()	(I) Orchard and Nut Tree Plant F	Orchard and Nut Tree Plant Pathology				
()	(J) Ornamental and Shade Tree l	Ornamental and Shade Tree Plant Pathology				
3. WE	ED CONTROL CONSULTANT	- CATEGORIES:				
() (K) Agricultural Weed Control						
()	() (L) Aquatic Weed Control					
()	(M) Forest and Right-of-Way We	ed Control				
()	(N) Ornamental and Turf Weed C	Control				
()	(O) Industrial or Commercial Sit	e Weed Control				
Name:		County:				
	Print or Type					
Name		Date:				
ivanic.	Signature	Date.				
	Signature					
	A 11	Em all Address				
	Address	Email Address				
		Telephone Number:				
	City State Zip	Telephone Ivanioer.				

Submit this application along with your college transcript to the address above.

Work Experience

Relevant Employment Information Begin with Most Recent Work Experience

Employer Company Name _				
Address				
City	St	Zip	Phone Number	
Dates Of Employment : Fron	າ		То	
Title of Applicant				
	ce for this ipervision	applicant is o	correct and the applicant has	
Signature of Employer				
Employer Company Name _				
Address				
			Phone Number	
Dates Of Employment : Fron	າ		To	
Title of Applicant				
By signing this application, I documented work experience company under my direct su My ID Number is	ce for this ipervision	applicant is o	correct and the applicant has	affirm the worked for the above
Signature of Employer				