

MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE

BUREAU OF PLANT INDUSTRY

P.O. BOX 5207, MISSISSIPPI STATE, MS 39762

PHONE: (662) 325-3390 FAX: (662) 325-0397

**PROFESSIONAL SERVICES
OPERATOR LICENSE / PERMIT HOLDER EXAM(S) RETAKE APPLICATION**

This form is for applicants who have previously been approved to take Operator License/Permit Holder exam(s) and were unable to attend the scheduled exam(s) or have failed his/her exam(s).

Note:

- Operator License exams, Permit Holder exams, Landscape Horticulturist exams, Tree Surgery exam, and General Standard exam may be taken at least once each quarter until passed.
- Applicants who qualified by work experience must re-submit a full application to determine eligibility requirements to test if it has been greater than one (1) year or have attempted exam(s) four (4) times since full application was initially approved.

Please complete this application form accurately and legibly. Incomplete or illegible applications will not be processed.

Email completed application to ProfessionalServices@mdac.ms.gov

Date: _____

Applicant's Full Name: _____
First Middle Last

Home Address: _____
Street City State ZIP

Email (required): _____

Phone: _____

Signature: _____

Select exam category(ies) to be taken and desired scheduled examination session by checking applicable box(es).

EXAM CATEGORY AND DESCRIPTION		REQUESTED CATEGORY	
		Check applicable box(es)	
		LICENSE	PERMIT
WDI	Wood destroying insect control	<input type="checkbox"/>	<input type="checkbox"/>
UP	Control of pests of utility poles	<input type="checkbox"/>	N/A
GRC	General pest and rodent control	<input type="checkbox"/>	<input type="checkbox"/>
MBF	Mosquito and biting fly control	<input type="checkbox"/>	<input type="checkbox"/>
HCP	Horticultural pest control	<input type="checkbox"/>	<input type="checkbox"/>
ORP	Orchard pest control	<input type="checkbox"/>	<input type="checkbox"/>
DAP	Domestic animal pest control	<input type="checkbox"/>	<input type="checkbox"/>
FUM	Fumigation pest control	<input type="checkbox"/>	<input type="checkbox"/>
AGP	Agricultural pest control	<input type="checkbox"/>	<input type="checkbox"/>
AGW	Agricultural weed control	<input type="checkbox"/>	<input type="checkbox"/>
AQW	Aquatic weed control	<input type="checkbox"/>	<input type="checkbox"/>
ROW	Right-of-way weed control	<input type="checkbox"/>	<input type="checkbox"/>
HCW	Horticultural weed control	<input type="checkbox"/>	<input type="checkbox"/>
LSL I	Landscape horticulturist I	<input type="checkbox"/>	N/A
LSL II	Landscape horticulturist II	<input type="checkbox"/>	N/A
TS	Tree Surgery	<input type="checkbox"/>	N/A
GS	General Standards Commercial Certification Core Exam	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULED EXAMINATION SESSION	REQUESTED SESSION
	Select only 1
2 nd Tuesday of January	<input type="checkbox"/>
2 nd Tuesday of April	<input type="checkbox"/>
2 nd Tuesday of July	<input type="checkbox"/>
2 nd Tuesday of October	<input type="checkbox"/>