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

LICENSE EXAM APPLICATION LANDSCAPE HORTICULTURIST AND TREE SURGERY

Please complete this application form accurately and legibly, with all required documents (diplomas, transcripts, proof of commercial certification (if certified), licenses, etc.) attached. Incomplete applications will not be processed.

Landscape Horticulturists – Persons that advertise or solicit business to receive fees or contracts for landscaping and setting of plants.

Tree Surgeons – Persons who advertise in a local phone book, newspaper, newsletter, bulletin, or other prominently displayed sign as a licensed or bonded or insured tree surgeon and receive compensation for any work or consultation relative to the care, pruning, cabling, bracing, topping, trimming, fertilizing, cavity work and removal of ornamental trees and shrubs in any manner. Nothing shall prevent any person from performing such services as long as their advertising does not include the description licensed or insured.

No person shall advertise in any manner to render professional services or solicit business or receive a fee for performing the services listed below without first obtaining a license. Persons must secure a license from the Bureau of Plant Industry, Mississippi Department of Agriculture and Commerce in accordance with Sections 69-19-1 through 69-19-11, Mississippi Code 1972. Failure to secure a license could result in a civil penalty up to \$5.000.

There are no fees for taking examinations or for the issuance of a license.

This application must be reviewed, processed, and approved at least ten (10) days prior to the examination. Once approved, applicant will be notified by email of the location and date of the examination.

License examinations are given at Mississippi State University, Starkville, Mississippi on the second Tuesday of January, April, July, and October. Alternatively, applicants may request to take the examinations at the Bureau of Plant Industry office with 24 hours' advance notice.

Application may be submitted by one of the methods below:

- Via email at treeandlandscape@mdac.ms.gov
- Via mail at P.O. Box 5207, Mississippi State, MS 39762
- Via in-person visit/drop-off

EXAM QUALIFICATIONS

Please check applicable box(es)

	Qualifying based on education: Graduate from a recognized college or university and have at least 15 semester hours or the equivalence category for which applicant is requesting a license, OR 2 years of college with special training equivalence semester hours in the category for which applicant is requesting a license. You MUST attach a copy of transcript.				
		ying courses for <i>Landscape Horticulturist Exam</i> include: 15 semester hours of plant related as, but not limited to, plant materials, botany, plant science, soil, and other advanced level res.			
		fying courses for <i>Tree Surgery Exam</i> include: 15 semester hours of plant related courses s d to, arboriculture, dendrology, botany, and other advanced level related courses.	uch as, but not		
Qual	ifying l	pased on education and work experience:			
	past 2	school graduate or equivalent and have had at least 1 years' experience with a licensed 2 years. In special cases where an applicant can submit proof of education, experience and eding these requirements applicant shall be allowed to take the required examinations. You of High School Diploma or GED and provide written documentation and verifiable proof of	training equal to or MUST attach a		
Qual	ifying l	pased on work experience only:			
	Lands 3 yea	cants without High School Diploma or its equivalency may qualify to take license exarts acape horticulture or Tree surgery, provided that applicant has had at least 2 years' experies with a licensed operator in the categories where a license is requested. You MUST provinentation and verifiable proof of work experience.	ence within the past		
Qual	ifying l	pased on valid license(s):			
☐ Applicants with proof of a valid Landscaping License from another State, in which an exam was passed to acquire the license, qualify for testing in Landscape Horticulture.					
☐ Applicants with proof of a valid Tree Surgery License from another State, in which an exam was passed to acquire the license, qualify for testing in Tree Surgery.					
☐ Applicants with proof of a valid Arborist Certification issued by the International Society of Arboriculture qualify for testing in Tree Surgery.					
☐ Applicants with proof of a valid Landscape Architect License issued in Mississippi are exempt from testing in Landscape Horticulture.					
Sele	ct the	Examination Category(ies) qualified for:			
LS	SL	Landscape horticulturist (Parts 1 & 2) Applicants should also be aware that the <u>Mississippi State Board of Contractors</u> may also require landscapers to acquire a license in Landscaping, Grading & Beautification. The Board of Contractors phone number is (800) 880-6161 or (601) 354-6161; Email is info@msboc.us.			
TS	SL	Tree Surgery			

Applicant Information (Must be legible) Full Name (including prefix & suffix): Address: City: _____ St: ____ ZIP: _____ E-MAIL (required) Signature: Date: **Document Checklist:** For Applicant who wishes to qualify based on college coursework or training that is related to the category(ies) to be licensed: Copy of official College Transcript Attached □ For Applicant who wishes to qualify based on education and work experience: Copy of High School Diploma or GED Attached □ **Employment History** Attached □ For Applicant who wishes to qualify based on work experience only: **Employment History** Attached □ For Applicant with other license or certification, e.g., licenses from other states, Arborist Certification, etc. Copy of valid license or certificate Attached □

EMPLOYMENT HISTORY

Applicants who wish to qualify based on work experience **MUST** complete this form. Relevant employment history (employment with licensees) only. Employment information provided must be verifiable through State regulatory agency. List most recent employment first. Attach additional pages if necessary.

Company Name:		· · · · · · · · · · · · · · · · · · ·
Address:		
City:		-
Phone:		
Dates of Employment (mm/dd/yyyy):		
Job Title:		
ID Card Number of Applicant (Specify iss		
Categories listed on ID card of applicant:		
Supervisor (License holder):		
ID Card Number of Supervisor:	 	
Company Name		
Company Name:		
Address:City:		
Phone:		
Dates of Employment (mm/dd/yyyy):		
Job Title:		
ID Card Number of Applicant (Specify iss		
Categories listed on ID card of applicant:		
Supervisor (License holder):		
ID Card Number of Supervisor:		
Company Name		
Company Name:		
Address:City:		
Phone:		
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Categories listed on ID card of applicant:		
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