

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
REQUEST FOR ISSUANCE OF LICENSE**

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

Email completed application to treeandlandscape@mdac.ms.gov

Date: _____

Applicant's Full Name: _____
First Middle Last

Applicant's Phone: _____

Applicant's Email (required): _____

Date of Employment with Company: _____

Company Name: _____

Company Physical Address: _____
Street City State ZIP

Company Mailing Address (if different): _____
Street City State ZIP

Company Phone: _____

Company Email (required): _____

Select work category(ies) to be included on the Identification Card by checking applicable box(es).
Licensing in all requested categories must be held for this office location.

- LS – Landscape Horticulture
- TS – Tree Surgery

I affirm that, if issued a license, I will abide by all the regulations of Bureau of Plant Industry governing the Regulations of Professional Services. Failure to do so will result in immediate cancellation of my license.

Signature of Applicant:
