

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 / PERMIT**

Please complete this 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

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 your license/permit by checking applicable box(es).

WORK 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"/>
LSH	Landscape horticulturist	<input type="checkbox"/>	N/A
TS	Tree Surgery	<input type="checkbox"/>	N/A

I affirm that, if issued a license/permit, 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/permit.

Signature of Applicant:  
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