

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  
LICENSE / PERMIT EXAM(S) RETAKE APPLICATION**

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

**Note:**

- Permit exams, Landscape Horticulturist exams, Tree Surgery exam, and General Standard exam may be taken until passed.
- Applicants who fail a License exam in any other categories than mentioned above, twice in consecutive attempts, must wait 1 (one) year and submit new License Examination Application.

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

**Email completed application to [ProfessionalServices@mdac.ms.gov](mailto: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"/>
LSH I	Landscape horticulturist I	<input type="checkbox"/>	N/A
LSH 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 <sup>nd</sup> Tuesday of January	<input type="checkbox"/>
2 <sup>nd</sup> Tuesday of April	<input type="checkbox"/>
2 <sup>nd</sup> Tuesday of July	<input type="checkbox"/>
2 <sup>nd</sup> Tuesday of October	<input type="checkbox"/>