



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY  
MIKE STRAIN DVM, COMMISSIONER

Animal Health & Food Safety, 5825 Florida Blvd., Suite 4000, Baton Rouge, LA 70806 (225) 925-3980, Fax (225) 923-5555

\*2052\*

**FERAL SWINE AUTHORIZED TRANSPORTER APPLICATION**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License #: \_\_\_\_\_

Description of vehicles used to transport feral swine (including Make, Model & License Tag Numbers):

Year/			License
Make:	_____	Model: _____	Plate #: _____
Year/			License
Make:	_____	Model: _____	Plate #: _____
Year/			License
Make:	_____	Model: _____	Plate #: _____

Brief statement describing the area and parishes wherein the applicant typically transports feral swine:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this application by mail, fax or email to:

**Louisiana Department of Agriculture & Forestry**  
**5825 Florida Blvd., Suite 4000**  
**Baton Rouge, LA 70806**  
**225-925-3980      225-237-5555 (fax)**  
**Email: [vetreports@ldaf.state.la.us](mailto:vetreports@ldaf.state.la.us)**

**For Office Use Only**

Date Received: \_\_\_\_\_ **AUTHORIZATION #:** \_\_\_\_\_ LDAF Personnel Signature: \_\_\_\_\_