

**APPLICATION FOR AN AGRICULTURAL CONSULTANTS LICENSE**  
**For the Year Ending December 31, 20\_\_**

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*INSTRUCTIONS: Complete and submit to the Arkansas State Plant Board, P. O. Box 1069, Little Rock, Arkansas 72203. Upon approval, the license will be issued for the year indicated.*

***This application is considered incomplete unless the second page (Required Confidential Information Form) is completed.***

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***TO THE PLANT BOARD - According to the provisions of the \*Agricultural Consultants Licensing Act of 2005, a license is hereby requested by the following person:***

*Please Print.*

*Name* \_\_\_\_\_ *Home or Office* \_\_\_\_\_

*Firm Name* \_\_\_\_\_ *Cell Number* \_\_\_\_\_

*Mailing Address* \_\_\_\_\_

*Email* \_\_\_\_\_

*City & State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Please check one of the following:*

- I am applying for an Arkansas Agricultural Consultant license as I was licensed in 20\_\_ . My license number is \_\_\_\_\_ .*
- I am applying for an Arkansas Agricultural Consultant license due to being a current Arkansas Certified Crop Advisor (CCA). My CCA number is \_\_\_\_\_ .*
- I am applying for an Arkansas Agricultural Consultant license due to being a current National Alliance Independent Crop Consultant (NAICC). My NAICC number is \_\_\_\_\_ .*

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*Fee: Agricultural Consultants License \$100.00*                      *Amount Enclosed \$* \_\_\_\_\_

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*Signed* \_\_\_\_\_

*Title* \_\_\_\_\_

*Date* \_\_\_\_\_

*\*Copies of Act available upon request*