

APPLICATION FOR A PRIVATE APPLICATOR'S
RESTRICTED USE PESTICIDE LICENSE

INSTRUCTIONS: Complete and submit to the Arkansas State Plant Board, PESTICIDE DIVISION, P.O. Box 1069 Little Rock, AR 72203. Upon approval, your license will be issued for the year indicated. Note: To qualify for this license an individual must be a producer of an agricultural commodity. Incomplete application will delay processing. Print or Type ONLY

Person Applying
Name: Last _____ (Please Print) First _____ Middle _____

Date of Birth _____

Mailing Address _____ City _____

State _____ Zip Code _____ Phone Number _____ Cell Phone(opt) _____

Residential County _____ Farm Location County _____

Indicate readings (If available) Latitude _____ Longitude _____

Indicate Type of Operation (farmer, rancher, nurseryman, etc.) _____

Indicate Agricultural Commodity Produced (rice, hay, cattle, timber, etc.) _____

If above is a new address, list old address here _____

APPLICATION FEE ENCLOSED: ONE YEAR LICENSE \$10 OR FIVE YEAR LICENSE \$45

Applicant stipulates that the restricted use pesticide purchased or secured will be used on his or her own, rented or leased premises in accordance with label directions and agrees to comply with the requirements of the Pesticide Use and Application Act as amended, and Pesticide Control Act as amended, and Regulations promulgated pursuant there to.

Applicant's
Signature _____ Date _____
(Person Applying Only)

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

DO NOT WRITE IN THIS SPACE
PRIVATE APPLICATOR'S RESTRICTED USE PESTICIDE LICENSE
Approved by:
Date:

License Number _____ Date of Issuance _____

Required Confidential Information Form

Pesticide Division

Instructions: Please print clearly. This information is confidential and required by Act 1163 of 1997.
The name below should appear the same as on the license application form.

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ - _____ - _____

Do not write below this line

For Plant Board Use Only

Type of License(s) Issued		License Number
Private Applicator License	<input type="checkbox"/>	_____
Commercial Individual License	<input type="checkbox"/>	_____
Custom OIC Authorization Permit	<input type="checkbox"/>	_____
Custom Pilot's Authorization Permit	<input type="checkbox"/>	_____
Non-Commercial License	<input type="checkbox"/>	_____
Ginseng Dealer License	<input type="checkbox"/>	_____
Ginseng Man License	<input type="checkbox"/>	_____
Landscape Contractors License	<input type="checkbox"/>	_____
Pest Control License	<input type="checkbox"/>	_____
Ag Consultants License	<input type="checkbox"/>	_____
Seed Dealers License	<input type="checkbox"/>	_____
Seed Treaters License	<input type="checkbox"/>	_____
Registered Seed Technologists License	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____