

Application for the
COMMERCIAL APPLICATOR TECHNICIAN
LICENSE
For the Year Ending December 31, 20____

Instructions: Complete and submit with appropriate fees to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, Arkansas 72203. **PRINT OR TYPE ONLY.** Upon approval, your license will be issued for the year indicated. Incomplete application will delay processing.

Note: To qualify for this license an individual must have been trained within four months of submitting this application.

Name: Last _____ First _____ Middle _____

Date of Birth _____

Mailing Address _____ City _____

State _____ Zip Code _____ County _____

Home Phone # () _____ - _____ Work Phone # () _____ - _____

Fax # () _____ - _____ E-mail address _____

Cell Phone # () _____ - _____ (Opt)

List the licensed firm(s) that you plan on working for during the year ending December 31, 20____

I do hereby attest that I have read and am familiar with the Pesticide Use and Application Act and the Regulations adopted thereunder.

Applicant's
Signature: _____ Date: _____

APPLICATION FEE ENCLOSED: \$25

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

FOR OFFICE USE ONLY

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"/> _____

During the Arkansas General Assembly legislators passed Act 1163 of 1997. This Act mandates that on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the license application, or on the license if no application is required. The Arkansas State Plant Board is required to submit this information to the Office of Child Support Enforcement.