

**Application For a Firm's Commercial Applicator License**  
 Issued under the Authority of Act 389 of 1975, Pesticide Use and Application Act  
 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, AR 72203. PRINT OR TYPE ONLY. Provide documentation as required.

Firm: \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County: \_\_\_\_\_  
 Office Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ (opt)  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ e-mail address \_\_\_\_\_  
 Latitude \_\_\_\_\_ (dd mm ss.s') and Longitude \_\_\_\_\_ (dd mm ss.s') of the loading/mixing site

1. Out of State persons or firms - Attach Power of Attorney (forms enclosed) designating an Arkansas resident for service of process.
2. Financial responsibility: \$100,000 minimum required (if insurance, deductible not to exceed \$5,000). Indicate the form your firm will use and provide:  
 Letter of Credit ; Surety Bond ; Escrow Account ; Insurance ;

3. LIST APPLICATION EQUIPMENT TO BE LICENSED AND USED:

Air or Ground Ex: (Air or Grd)	Year (1990)	Type of Equipment (Make) (Aircraft or Tyler Airflow)	Model (802 or 433)	Id # for Ground or "N" for A/C (N1111 or # 10)	ASPB's Assigned #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. List the exact location in Arkansas (town, street address, firm name) where records of application will be kept for Plant Board inspection upon demand.

5. Indicate All Licensed Certified applicator(s) that will be working under this license

\_\_\_\_\_

6. Fees: Commercial Application License ..... \$ 100.00      \$ \_\_\_\_\_  
 Aircraft and/or article of ground equipment ..... \$ 20.00 each      \$ \_\_\_\_\_

Total Fees Enclosed      \$ \_\_\_\_\_

I hereby certify that: the above representations and attachments are true and correct; that financial responsibility will be maintained for the term of the license; that all applicators will possess the proper Plant Board credentials; and that I have read and am familiar with the Pesticide Use and Application Act and the regulation adopted thereunder.

Name (Printed) \_\_\_\_\_      Applicant's Signature \_\_\_\_\_  
 Title \_\_\_\_\_      Date \_\_\_\_\_