

Application For an
Individual COMMERCIAL APPLICATOR LICENSE and/or CUSTOM PILOT'S AUTHORIZATION
Issued Under the authority of Act 389 of 1975, Pesticide Use and Application Act
For the Year Ending December 31, 200____

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

Person Applying

Name: Last _____ First _____ Middle _____

Date of Birth _____

FAA Pilot's Authorization Number _____(Required if applying for pilot's authorization)

Mailing Address _____ City _____ State _____ Zip Code _____

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

Fax # () _____ - _____ E-mail address _____ Cell Phone # () _____ - _____ (Opt)

Indicate category(s) applied for (must be currently certified in each category indicated):

- (1) Agricultural -Plants
- (1A) Agricultural - Animals
- (2) Forest Pest Control
- (2A) Wood Treatment
- (3) Aquatic
- (4) Right- of Way
- (5) Demonstration and Research
- (6) Public Health

Category Certifications	\$35.00 Each	\$	_____
Commercial Pilot Authorization (aerial applicators only)	\$35.00	\$	_____
Custom Pilot's Authorization (must have passed test)(aerial applicators only)	\$35.00	\$	_____
Total Enclosed		\$	_____

List the licensed firm(s) that you plan on working for during the year ending December 31, 200____

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: _____

(Person Applying Only)

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"/>	_____