

COMMERCIAL APPLICATOR LICENSE APPLICATION

(Licensed Operator)

ARKANSAS STATE PLANT BOARD
P.O. Box 1069, Little Rock, Arkansas 72203-1069
(501) 225-1598

FOR OFFICE USE ONLY

Recertification Expiration Date

License #

Classification #'s

COMMERCIAL APPLICATOR INFORMATION

Commercial applicator applicants must themselves be or must be employed by a license holder (licensed pest control business) prior to the issuance of an applicator's license. A commercial applicator's license shall become invalid in the event they cease to be themselves a license holder or employed by a license holder. **NOTE:** Applicants must be a minimum age of eighteen (18). License applicants are required to submit their Social Security Number information for child support enforcement purposes. You may be asked to show evidence of citizenship or proof of authorization to work.

PLEASE PRINT OR TYPE

FIRST NAME

MIDDLE NAME

LAST NAME

(Please use same name as shown on your driver's license)

LICENSED PEST CONTROL BUSINESS (Company Name)

LICENSED PEST CONTROL BUSINESS PHYSICAL ADDRESS: (Street - City - State - Zip Code)

LICENSED PEST CONTROL BUSINESS MAILING ADDRESS: (P.O. Box or Street- City - State - Zip Code)

BUSINESS PHONE

FAX

EMAIL

The Commercial Applicator License fee is \$150.00 for the first classification and \$100.00 for each additional classification up to a maximum of \$300.00. Check the classifications for which you are qualified and applying to be licensed as a commercial applicator. All licenses, certificates, or registrations are issued on an annual basis according to the State of Arkansas' fiscal year (July - June). Each license, certificate, or registration will expire on June 30 of each year and must be renewed prior to June 30 to remain valid.

- 1. () Termite and Other Structural Pest Control
- 2. () Household Pest & Rodent Control
- 3. () General Fumigation

- 4. () Tree & Turf Pest Control
- 5. () Weed Control
- 6. () Golf Course Pest Control

Fee Enclosed: \$ _____

Fiscal Year: _____

Signature

Date

LICENSEE INFORMATION REQUIRED AS PER ACT 1163 of 1997
(Confidential Information)

FIRST NAME

MIDDLE NAME

LAST NAME

(Please use same name as shown on your driver's license)

HOME ADDRESS: (Street – City - State - Zip Code)

HOME PHONE #

CELL #

SOCIAL SECURITY #

Signature

Date