

LICENSE APPLICATION

(License Holder)

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

FOR OFFICE USE ONLY

Insurance Policy #

Bond Policy #

License #

LICENSE HOLDER INFORMATION

Each license holder must establish a primary location from which the pest control business will be operated and designate an individual to represent the business. Note: This location will be considered the license holders business headquarters and will be the location all correspondence from the Plant Board will be received.

PLEASE PRINT OR TYPE

LICENSE HOLDER'S COMPANY NAME: _____

REPRESENTATIVE: _____ PHONE: _____

PRIMARY OFFICE ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL: _____

Circle the class number of each classification of pest control services to be provided by your business:

Class	Pest Control Services
1.	Termite and Other Structural Pest Control
2.	Household Pest and Rodent Control
3.	General Fumigation
4.	Tree and Turf Pest Control
5.	Weed Control
6.	Golf Course Pest Control

