

NON-COMMERCIAL APPLICATOR CERTIFICATE APPLICATION

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

FOR OFFICE USE ONLY

Recertification Expiration Date

Certificate #

Classification #'s

NON-COMMERICAL APPLICATOR INFORMATION

A Non-Commercial Applicator Certificate (not a license) shall be issued to owners or employees of-government, institutions, businesses, companies, or corporations for the purpose of performing pest control work on the premises of property owned or managed by themselves or their employer. Non-commercial applicators shall be restricted to pest control work at addresses owned or under the direct management of their employer as stated on the Non-Commercial Applicator Certificate. **NOTE:** Applicants must be a minimum age of eighteen (18). Certificate 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)

EMPLOYER (Government agency, institution, company, corporation, etc.)

EMPLOYER'S PHYSICAL ADDRESS: (Street - City - State - Zip Code)

EMPLOYER'S MAILING ADDRESS: (P.O. Box or Street - City - State - Zip Code)

BUSINESS PHONE

FAX

EMAIL

The Non-Commercial Applicator Certificate fee is \$70.00 per applicator. Check the classifications for which you are qualified and applying to be certified as a non-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.

7. () Non-Commercial Pest Control

9. () Non-Commercial Tree & Turf Pest Control

8. () Non-Commercial Fumigation

10. () Non-Commercial Golf Course Pest Control

Fee Enclosed: \$ _____

Fiscal Year: _____

Signature

Date

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