

ARKANSAS STATE PLANT BOARD
APPLICATION FOR PEST CONTROL EXAMINATION
LICENSING QUALIFICATIONS

Any person wanting a license for Pest Control Service work shall first make application on this form, giving complete information requested. The applicant must prove to the satisfaction of the Board that he is morally and financially responsible. To demonstrate the ability of the applicant to perform the classification of work for which a license is desired, applicant must pass an examination in his/her own writing, given by a person designated by the Board, who is not interested financially or otherwise in pest control work in Arkansas. The test results being approved by the Board either as having passed or failed said examination as the case may be. The State Plant Board will give examinations on various classifications of pest control work in designated months (see months below). **THE FEE FOR TAKING AN EXAM IN ANY CLASSIFICATION IS \$100.00. The exam fee must be sent with this application** to Arkansas State Plant Board, #1 Natural Resources Drive, Little Rock, AR 72205. **The application must be received at least five (5) days prior to exam date.** The application will not be considered unless all enclosed forms are completely filled out, including complete mailing addresses and zip codes for all references.

NOTE: Applicant please indicate, by check mark, the categories in which you wish to take examinations.

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| <input type="checkbox"/> Basic (EPA Certification) - No Charge | 7. <input type="checkbox"/> Non-Commercial Pest Control |
| 4. <input type="checkbox"/> Tree & Turf Pest Control | 8. <input type="checkbox"/> Non-Commercial Fumigation |
| 5. <input type="checkbox"/> Weed Control | 9. <input type="checkbox"/> Non-Commercial Tree & Turf Pest Control |
| 6. <input type="checkbox"/> Golf Course Pest Control | 10. <input type="checkbox"/> Non-Commercial Golf Course Pest Control |

The examinations will be given at the Arkansas State Plant Board, #1 Natural Resources Drive, Little Rock, Arkansas, at 1:00 P.M. on the **second Monday** in **FEBRUARY - APRIL - JUNE - AUGUST - OCTOBER - DECEMBER**. **Please circle month you want to test. You will be notified by mail whether you passed or failed the examination.**

Applicant's Name (Print) _____
(Legal Name / No Nick Name)

Applicant's Address (Print) _____

Company's Name(If applicable) _____ (PRINT)

Company's Address _____ (PRINT)

City _____ State _____ Zip Code: _____ Phone # _____

E-Mail Address: _____ Fax #: _____

Applicant Signature: _____ Date: _____
(Please make signature legible)

