

**ARKANSAS STATE PLANT BOARD**

**LICENSE APPLICATION TO OPERATE A SEED TREATER**

(License covers multiple treaters at plant location)

\_\_\_\_\_  
 NAME IN WHICH LICENSE IS TO BE ISSUED (Company) ( ) PHONE \_\_\_\_\_

\_\_\_\_\_  
 MAILING ADDRESS CITY STATE ZIP

Email address: \_\_\_\_\_

**STATE THE AMOUNT AND KIND OF SUBSTANCE(S) In OUNCES per Hundredweight You Intend Using for EACH KIND OF SEED:** (See Example on Attached Additional page-provided if need more space)

KIND of SEED	Kind of Treatment (List Chemical to be used -each Fungicide, Pesticide, etc.)	EPA Reg. Number	RATE (List ounces per hundredweight Or per bushel)

**YES NO**

- \_\_\_\_\_ 1. DO YOU UNDERSTAND THAT YOU ARE RESPONSIBLE FOR KNOWING THE INFORMATION IN CIRCULAR 10: REGULATIONS ON THE SALE OF PLANTING SEED IN ARKANSAS, SECTIONS I & J?
- \_\_\_\_\_ 2. DO YOU UNDERSTAND THAT EACH TREATED BAG OF SEED MUST BEAR A POISON LABEL TRULY AND CORRECTLY STATING THE CHEMICAL(S) WERE USED WERE IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS, AND IN ADDITION, THE LABEL MUST HAVE THE NAME OF THE CHEMICAL(S) USED, AS WELL AS THE APPROPRIATE SIGNAL WORD AND PRECAUTIONARY STATEMENT?
- \_\_\_\_\_ 3. DO YOU UNDERSTAND THAT IT IS ***ILLEGAL TO SELL, GIVE AWAY, OR USE TREATED SEED*** FOR ANY PURPOSE OTHER THAN PLANTING?
- \_\_\_\_\_ 4. DO YOU UNDERSTAND THAT YOU MUST MAINTAIN COMPLETE RECORDS AS TO KINDS AND AMOUNTS OF CHEMICALS USED, DATES, AND ROUTINE INVOICE INFORMATION FOR A PERIOD OF TWO YEARS FROM THE DATE OF THE TREATMENT APPLICATION?
- \_\_\_\_\_ 5. DO YOU UNDERSTAND THAT THE PLANT BOARD OR ITS' REPRESENTATIVE MAY INSPECT YOUR RECORDS DURING NORMAL BUSINESS HOURS?
- \_\_\_\_\_ 6. DO YOU AGREE TO COMPLY WITH THE REGULATIONS AND THAT YOU WILL BE HELD RESPONSIBLE TO STATE AND / OR FEDERAL PESTICIDE LAWS FOR FAILURE TO OBSERVE SAID REGULATIONS?

**ANNUAL LICENSE FEE IS \$250.00 FOR THE FISCAL YEAR JULY 1 - JUNE 30.** **AMOUNT ENCLOSED \$** \_\_\_\_\_

RETURN TO: OPERATOR IN CHARGE \_\_\_\_\_  
PLEASE PRINT

ARKANSAS STATE PLANT BOARD  
 SEED DIVISION  
 #1 NATURAL RESOURCES DRIVE  
 LITTLE ROCK, AR 72205

SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_



## Required Confidential Information Form

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 Firm License .....	<input type="checkbox"/>	..... _____
Commercial Individual License .....	<input type="checkbox"/>	..... _____
2,4-D Custom Applicator Permit .....	<input type="checkbox"/>	..... _____
2,4-D OIC Authorization Permit .....	<input type="checkbox"/>	..... _____
2,4-D Pilot's Authorization Permit .....	<input type="checkbox"/>	..... _____
Non-Commercial License .....	<input type="checkbox"/>	..... _____
Tree Injector's Permit .....	<input type="checkbox"/>	..... _____
Pesticide Dealers License .....	<input type="checkbox"/>	..... _____
Manufacturer's Permit .....	<input type="checkbox"/>	..... _____
Nursery Dealer License .....	<input type="checkbox"/>	..... _____
Nurseryman 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"/>	..... _____
Lime Vendors License .....	<input type="checkbox"/>	..... _____
Ag Consultants License .....	<input type="checkbox"/>	..... _____
Feed Facility License .....	<input type="checkbox"/>	..... _____
Fertilizer Facility License .....	<input type="checkbox"/>	..... _____
Seed Labelers License .....	<input type="checkbox"/>	..... _____
Seed Treaters License .....	<input type="checkbox"/>	..... _____
Registered Seed Technologists License .....	<input type="checkbox"/>	..... _____
Plant Breeders License .....	<input type="checkbox"/>	..... _____
Public Grain Warehouse License .....	<input type="checkbox"/>	..... _____

During the Arkansas General Assembly legislators passed Act 1163 of 1997. This Act mandates that on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the license application, or on the license if no application is required. The Arkansas State Plant Board is required to submit this information to the Office of Child Support Enforcement.