



Arkansas Department of Agriculture
 Plant Industries Division, Regulatory Services Section
 P.O. Box 1069
 Little Rock, AR 72203-1069
 (501) 225-1598 | agriculture.arkansas.gov

OFFICE USE ONLY	
Recertification Expiration Date	_____
License Number	_____
Classification Numbers	_____

COMMERCIAL OPERATOR LICENSE APPLICATION

Commercial Operator applicants must themselves be or must be employed by a License Holder (licensed pest control business) prior to the issuance of an Operator's license. A commercial Operator's license shall become invalid in the event they cease to be themselves a License Holder or employed by a License Holder. 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, use same name as shown on your driver's license.)**

First Name: _____ Middle: _____ Last Name: _____

Licensed Pest Control Business: _____
(Company Name)

Business Physical Address: _____
(Street, City, State, Zip Code)

Mailing Address: _____
(P.O. Box/Street, City, State, Zip Code)

Business Phone: _____ Fax: _____

Email: _____

The Commercial Operator 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 coinciding with the State of Arkansas' fiscal year. Each license, certificate, or registration will expire on June 30 of each year and must be renewed by June 30 to remain valid.

Class Pest Control Service

- 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

Fiscal Year: _____

Fee Enclosed: \$ _____

Applicant *(Print)*

Applicant Signature

Date *(mm/dd/yy)*

LICENSEE INFORMATION REQUIRED AS PER ACT 1163 of 1997
(Confidential Information. Please use same information as shown on driver's license.)

First Name: _____ Middle: _____ Last Name: _____

Home Address: _____
(Street, City, State, Zip Code)

Home Phone: _____ Mobile Phone: _____ Social Security # _____

Date of Birth: _____ Email: _____
(Month/Day/Year)

Applicant (*Print*)

Applicant Signature

Date (*mm/dd/yy*)