



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	_____

NON-COMMERCIAL OPERATOR LICENSE APPLICATION

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, use same name as shown on your driver's license.)**

First Name: _____ Middle: _____ Last Name: _____

Employer: _____
(Government agency, institution, company, corporation, etc.)

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

Employer Mailing Address: _____
(P.O. Box/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.

Class Pest Control Service

- 7. _____ Non-Commercial Pest Control
- 8. _____ Non-Commercial Fumigation
- 9. _____ Non-Commercial Tree & Turf Pest Control
- 10. _____ Non-Commercial Golf Course Pest Control
- _____ Regulatory License (No-Fee)

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)*