

**PEST CONTROL AGENT EXAMINATION AND REGISTRATION APPLICATION**

On-the-job training of the agent applicant is required prior to examination and registration. A complete Verifiable On-the-Job Training Record Form documenting the agents 40 hours of on-the-job training must be submitted with this application. Additionally a \$30.00 examination and initial registration fee is required. The fee must be submitted with this application as well. **If the Verifiable On-the-Job Training Record Form and/or the \$30.00 fee are not submitted with this application the application will be considered invalid and returned to the License Holder.**

Agent: An Agent is an employee of a License Holder (Pest Control business) and must be registered by the License Holder to perform, solicit, or sell pest control work for which the License Holder is licensed. All Agents shall work under the direct supervision of a Licensed Commercial Operator employed by the License Holder. Any person registered as an Agent may enter into written contracts and may sign such contract for the License Holder. The Agent may be placed in charge of other Agents or crews and may perform pest control service themselves, when authorized to do so by the Licensed Operator or License Holder. While performing pest control services for the License Holder, an Agent shall travel in a motor vehicle marked as stated in Circular 6.

License Holder (Pest Control Business) Name: \_\_\_\_\_ (Print)

License Holder's Business Address: \_\_\_\_\_ (Print)

License Holder's Phone#: \_\_\_\_\_

License Holder's E-mail Address: \_\_\_\_\_

License Holder's License Number: \_\_\_\_\_

License Holder's Representative: \_\_\_\_\_ (Print)

Agent Applicant's Name: \_\_\_\_\_ (Print)

Agent Applicant's employment date: \_\_\_\_\_

Exam date requested and Location or  
Previous employer where registered: \_\_\_\_\_ Fee Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
Representative or Commercial Operator's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Applicant's signature

\_\_\_\_\_  
Date

**ARKANSAS STATE PLANT BOARD VERIFIABLE ON-THE-JOB  
TRAINING RECORD (Please Print or Type)**

**License Holder (Company Name):** \_\_\_\_\_

**License Holder's License Number:** \_\_\_\_\_

**Agent Trainee Name:** \_\_\_\_\_ **(Last) (First) (Middle)**  
**(Use name as shown on Driver's License)**

**Agent Trainee Employment Start Date:** \_\_\_\_\_

<b>Date(s) of Training</b>	<b>Topic #</b>	<b>O.J.T. Hours</b>	<b>Agent Trainee (Initial)</b>	<b>Trainer (Signature)</b>

**Agent Trainee's Signature:** \_\_\_\_\_

**License Holder ID#** \_\_\_\_\_

# Verifiable On-the-Job Training Requirements

<u>Topic</u>	<u>Hours</u>
1. Pest Identification.....	2.5
2. Labels and mixing of Pesticides.....	5
3. Personal protective equipment.....	2.5
4. Job site preparation and Pesticide application.....	30
<b>Total - 40 hours</b>	

The forty hours of verifiable on-the-job training must be performed under the direct supervision, direction, and control of a qualified trainer. A qualified trainer shall be a commercial applicator or agent with at least one year of experience in the pest control industry or other individual approved by the Plant Board. During the application of pesticides, a qualified trainer must be physically present on the job site.