

APPLICATION FOR A PRIVATE APPLICATOR'S RESTRICTED USE PESTICIDE LICENSE

INSTRUCTIONS: Complete and submit with required fees to the **Arkansas Department of Agriculture, Plant Industries Division, Pesticide Section, P.O. Box 1069, Little Rock, Arkansas 72203.** Upon approval, your license will be issued for the year indicated. Note: To qualify for this license an individual must be a producer of an agricultural commodity. Incomplete applications will delay processing. Print or Type ONLY!

MAKE CHECK PAYABLE TO: ARKANSAS STATE PLANT BOARD

PERSON APPLYING:

Note: Fields indicated with * are required and must be filled out or the application form is considered incomplete!

Name: *Last _____ *First _____ Middle _____
(Please Print)

*Date of Birth _____

*Mailing Address _____ *City _____

*State _____ *Zip Code _____ *Phone Number _____ Cell Phone (Opt) _____

*Email Address _____

*Residential County _____ *Farm Location County _____

*Indicate Type of Operation (farmer, rancher, nurseryman, etc.) _____

*Indicate Agricultural Commodity Produced (rice, hay, cattle, timber, etc.) _____

If above is a new address, list old address here _____

To be eligible for a one year license, one must have been certified or re-certified within the past forty-eight (48) months. To be eligible for a five year license, one must have been certified or re-certified within the past twelve (12) months, without previously having a license on that certification.

*Certification received by watching a video at the County Extension Office makes one only eligible for one 1-year license.

*APPLICATION FEE ENCLOSED: ONE YEAR LICENSE \$10 OR FIVE YEAR LICENSE \$45

Applicant stipulates that the restricted use pesticide purchased or secured will be used on his or her own, rented or leased premises in accordance with label directions and agrees to comply with the requirements of the Pesticide Use and Application Act as amended, and Pesticide Control Act as amended, and Regulations promulgated pursuant there to.

Applicant's

*Signature: _____
(Person Applying Only)

*Date: _____

DO NOT WRITE IN THIS SPACE

License Number

Date of Issuance