

**APPLICATION FOR A NON-COMMERCIAL RESTRICTED USE PESTICIDE LICENSE**

For the Year Ending December 31, 20\_\_\_\_\_

**INSTRUCTIONS:** Complete and submit with appropriate fees to the Arkansas State Plant Board, Pesticide Division, P.O. Box 1069, Little Rock, Arkansas 72203. Upon approval, your license will be issued for the year indicated. Incomplete application will delay processing. PRINT OR TYPE ONLY.

In accordance with Section 9 of the Pesticide Use and Application Act (copy available upon request), a non-commercial license is requested by the following person or firm for the use, supervision and/or demonstration of the use of restricted use pesticides (EPA restricted use pesticides and/or state restricted pesticides). Applicant verifies that he qualifies for the non-commercial license as defined in Section 4(c)(4) of the above Act.

**PERSON APPLYING**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Name of Firm or Affiliate \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ (Opt)

Indicate category(s) applied for (must be currently certified in each category indicated):

- (1) Agricultural -Plants
- (1A) Agricultural - Animals
- (2) Forest Pest Control
- (2A) Wood Treatment
- (3) Aquatic
- (4) Right- of Way
- (5) Demonstration and Research
- (6) Public Health

FEE: \$35.00 per category Amount \$ \_\_\_\_\_

I do hereby attest that I have read and am familiar with the Pesticide Use and Application Act and the Regulations adopted thereunder.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(PERSON APPLYING ONLY)

\*\*\*\*\*

**DO NOT WRITE IN THIS SPACE**

\_\_\_\_\_

License Number Date of Issuance