

Application For a Firm's Commercial Applicator License

Issued under the Authority of Act 389 of 1975,
Pesticide Use and Application Act
For the Year Ending December 31, 20__

INSTRUCTIONS: Complete and submit with appropriate fees to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, AR 72203. PRINT OR TYPE ONLY. Provide documentation as required.

Firm: _____ Mailing Address _____

City: _____ State _____ Zip Code _____ County: _____

Office Phone () _____ - _____ Fax () _____ - _____ Cell Phone () _____ - _____ (opt)

Contact Person _____ Phone _____ E-mail Address _____

Latitude _____ (dd mm ss.s') and Longitude _____ (dd mm ss.s') of the loading/mixing site

- 1. Out of State persons or firms - Attach Power of Attorney (forms enclosed) designating an Arkansas resident for service of process.
- 2. Financial responsibility: \$100,000 minimum required (if insurance, deductible not to exceed \$5,000). Indicate the form your firm will use and provide:
Letter of Credit ; Surety Bond ; Escrow Account ; Insurance ;

3. LIST APPLICATION EQUIPMENT TO BE LICENSED AND USED:				Id # for Ground	ASPB's
Air or Ground	Year	Type of Equipment (Make)	Model	or "N" for A/C	Assigned #
Ex:(Air or Grd)	(1990)	(Airtractor or Tyler Airflow)	(802 or 433)	(N1111 or # 10)	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. List the exact location in Arkansas (town, street address, firm name) where records of application will be kept for Plant Board inspection upon demand. _____

5. Indicate All Licensed Certified applicator(s) that will be working under this license:

6. Fees: Commercial Application License..... \$ 100.00 \$ _____
 Aircraft and/or article of ground equipment..... \$ 20.00 each \$ _____
 Total Fees Enclosed \$ _____

I hereby certify that: the above representations and attachments are true and correct; that financial responsibility will be maintained for the term of the license; that all applicators will possess the proper Plant Board credentials; and that I have read and am familiar with the Pesticide Use and Application Act and the regulation adopted thereunder.

Name (Printed) _____ Applicant's Signature _____

Title _____ Date _____

DO NOT WRITE IN THIS SPACE

_____ License Number _____ Date of Issuance _____