

**APPLICATION FOR A CUSTOM-APPLICATOR'S PERMIT**

For the year ending December 31, 20\_\_\_\_

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

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. Name(s) of Operator(s)-in Charge Authorization(s) Requested:

3. LIST APPLICATION EQUIPMENT TO BE LICENSED AND USED:

<u>Air or Ground</u> <u>Ex:(Air or Grd)</u>	<u>Year</u> <u>(1990)</u>	<u>Type of Equipment (Make)</u> <u>(Airtractor or Tyler Airflow)</u>	<u>Model</u> <u>(802 or 433)</u>	<u>Id # for Ground</u> <u>or "N" for A/C</u> <u>(N1111 or # 10)</u>	<u>ASPB's</u> <u>Assigned #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

5. **FINANCIAL RESPONSIBILITY-** \$100,000 Minimum required (if insurance, deductible is not to exceed \$5,000). Indicate the form your firm will use: Letter of Credit  Surety Bond  Insurance  Escrow Account

6. <b>FEES:</b> Custom-Applicator's Permit.....	\$	150.00
Operator-In-Charge Authorizations - \$50.00 each .....	\$	_____
Decals - \$50.00 each.....	\$	_____
Inspection fee- \$25 each .....	\$	_____
<b>Total</b> .....	\$	_____

**Advance deposit of \$250.00 is required for initial application (use separate check)**

7. Please list all pilots which will be working under this permit:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above representations and attachments are true and correct, that financial responsibility will be maintained for the term of the permit and that the Arkansas Regulations on Pesticide Use will be observed. I further certify that each of the operators-in-charge listed on this application has read and is familiar with the Arkansas Regulations On Pesticide Use. I also agree to utilize only those pilots maintaining a valid Custom Applicator's Pilot authorization to apply these herbicides.

Name (Printed) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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**DO NOT WRITE IN THIS SPACE**  
 \_\_\_\_\_  
 Permit Number \_\_\_\_\_ Date of Issuance \_\_\_\_\_