

ARKANSAS STATE PLANT BOARD

LICENSE APPLICATION TO OPERATE A SEED TREATER

(License covers multiple treaters at plant location)

NAME IN WHICH LICENSE IS TO BE ISSUED (Company) () PHONE

MAILING ADDRESS CITY STATE ZIP

Email address: _____

STATE THE AMOUNT AND KIND OF SUBSTANCE(S) In OUNCES per Hundredweight You Intend Using for EACH KIND OF SEED: (See Example on Attached Additional page-provided if need more space)

KIND of SEED	Kind of Treatment (List Chemical to be used -each Fungicide, Pesticide, etc.)	EPA Reg. Number	RATE (List ounces per hundredweight Or per bushel)

YES NO

- _____ 1. DO YOU UNDERSTAND THAT YOU ARE RESPONSIBLE FOR KNOWING THE INFORMATION IN CIRCULAR 10: REGULATIONS ON THE SALE OF PLANTING SEED IN ARKANSAS, SECTIONS I & J?
- _____ 2. DO YOU UNDERSTAND THAT EACH TREATED BAG OF SEED MUST BEAR A POISON LABEL TRULY AND CORRECTLY STATING THE CHEMICAL(S) WERE USED WERE IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS, AND IN ADDITION, THE LABEL MUST HAVE THE NAME OF THE CHEMICAL(S) USED, AS WELL AS THE APPROPRIATE SIGNAL WORD AND PRECAUTIONARY STATEMENT?
- _____ 3. DO YOU UNDERSTAND THAT IT IS ***ILLEGAL TO SELL, GIVE AWAY, OR USE TREATED SEED*** FOR ANY PURPOSE OTHER THAN PLANTING?
- _____ 4. DO YOU UNDERSTAND THAT YOU MUST MAINTAIN COMPLETE RECORDS AS TO KINDS AND AMOUNTS OF CHEMICALS USED, DATES, AND ROUTINE INVOICE INFORMATION FOR A PERIOD OF TWO YEARS FROM THE DATE OF THE TREATMENT APPLICATION?
- _____ 5. DO YOU UNDERSTAND THAT THE PLANT BOARD OR ITS' REPRESENTATIVE MAY INSPECT YOUR RECORDS DURING NORMAL BUSINESS HOURS?
- _____ 6. DO YOU AGREE TO COMPLY WITH THE REGULATIONS AND THAT YOU WILL BE HELD RESPONSIBLE TO STATE AND / OR FEDERAL PESTICIDE LAWS FOR FAILURE TO OBSERVE SAID REGULATIONS?

ANNUAL LICENSE FEE IS \$250.00 FOR THE FISCAL YEAR JULY 1 - JUNE 30. AMOUNT ENCLOSED \$ _____

RETURN TO: OPERATOR IN CHARGE _____ PLEASE PRINT

ARKANSAS STATE PLANT BOARD
SEED DIVISION
#1 NATURAL RESOURCES DRIVE
LITTLE ROCK, AR 72205

SIGNATURE _____

DATE _____

