



PRE-APPLICATION TO TAKE THE ARKANSAS AGRICULTURAL CONSULTANT'S TEST

INSTRUCTIONS: Complete and mail this form to the Arkansas Department of Agriculture, Plant Industries Division (PID), ATTN: Agricultural Consultants Section, 1 Natural Resources Dr., Little Rock, AR 72205. This form may also be emailed to agriconsultants@agriculture.arkansas.gov. Documents and questions may be addressed to this email. You may also call 501-225-1598 and ask for the Agricultural Consultants Program.

Applicants Name: _____ Phone No: _____

Email: _____

Mailing Address: _____

City & State: _____ Zip Code: _____

Firm Name: _____

I meet the following requirement(s) for testing:

(Please check appropriate box(s))

I hold the minimum of a Bachelor's degree from a college or university acceptable to the Arkansas State Plant Board (ASPB) in an approved crop related field and 2 years experience working in the field of crop management.

I have seven (7) years of continuous work experience for a licensed agricultural consultant.

Summary of work experience (Give employer, nature of work and dates of employment):

IMPORTANT: Attach copies of college transcripts and a notarized statement (if applicable) from the employer from whom the experience was gained.

I hereby certify that the above information is correct to the best of my knowledge.

Signature of Applicant _____ Date _____