

Arkansas Department of Agriculture Plant Industries Division, Regulatory Services Section P.O. Box 1069 Little Rock, AR 72203-1069 (501) 225-1598 | agriculture.arkansas.gov

OFFICE USE ONLY				
Insurance Policy Number				
Bond Policy Number				
License Number				

PEST CONTROL LICENSE HOLDER APPLICATION

Each license holder must establish a primary location from which the pest control business will be operated and designate an individual to represent the business. **Note:** This location will be considered the license holders business headquarters and will be the location all correspondence from the Plant Board will be received. (Please type or print.)

License Ho	older's	Company Name:						
Representative:								
Office Add	Office Address:							
Mailing Ac	ddress:							
Business P	hone:_			Fax:				
Email:								
Choose the	e class n	umber of each classificatio	n of pest control	services to be provided by your business:				
Cla	iss Pe	Pest Control Service						
1.	Te	Termite and Other Structural Pest Control						
2.	Нс	Household Pest and Rodent Control						
3.	Ge	General Fumigation						
4.	Tre	Tree and Turf Pest Control						
5.	W	Weed Control						
6.	Go	Golf Course Pest Control						
classification supervision shall be supervision shall be supplied to the supervision of t	on of pe n over all pervised se Hold	st control service work prov I pest control services prov I by any one (1) Licensed O er Fee Registered Agents Registered Agents	vided by the Licenided by the Licen perator. \$100.00 \$250.00	naintain, at least one Licensed Operator for each use Holder. The Licensed Operators shall maintain direct use Holder's Business. No more than 20 registered Agents Number of Agents Employed:				
61 or r	more	Registered Agents	\$500.00	Fee Enclosed: \$				

List all Licensed Operators employed. (DO NOT LIST AGENTS)

Name	License Number		

On forms provided by the Plant Board, license holders in classifications 1, 2, 3, 4, 5 or 6 shall register the physical address of each office from which they will engage in the practice of pest control service. An office is considered to be any building or similar structure where normal business activity might occur including any and all locations (excluding service vehicles) where pesticide products are stored and/or distributed.

List all locations from which pest control business will be conducted within the state of Arkansas (Do not include the primary location listed on page 1 of this application)

Ofice Manager	Street Address	City, State, Zip	Phone

License Holder Representative (Print)

Representative Signature

Date (mm/dd/yy)