PLANT INDUSTRIES DIVISION

LICENSE HOLDER APPLICATION

ARKANSAS STATE PLANT BOARD
P.O. Box 1069, Little Rock, Arkansas 72203-1069
(501) 225-1598

FOR OFFICE USE ONLY		
_____	_____	_____
Insurance Policy #	Bond Policy #	License #

LICENSE HOLDER INFORMATION

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, business email address and will be the location all correspondence from the Arkansas Department of Agriculture and/or Plant Board will be received.

PLEASE PRINT OR TYPE

LICENSE HOLDER'S COMPANY NAME: _____

REPRESENTATIVE: _____PHONE:_____

OFFICE ADDRESS: _____

MAILING ADDRESS:_____

BUSINESS PHONE: _____FAX: _____

EMAIL: _____

Circle the class number of each classification of pest control services to be provided by your business:

Class	Pest Control Service
1. ☐	Termite and Other Structural Pest Control
2. ☐	Household Pest and Rodent Control
3. ☐	General Fumigation
4. ☐	Tree and Turf Pest Control
5. ☐	Weed Control
6. ☐	Golf Course Pest Control

The License Holder must themselves be, or shall employ and maintain, at least one Licensed Operator for each classification of pest control service work provided by the License Holder. The Licensed Operators shall maintain direct supervision over all pest control services provided by the License Holder's Business. No more than 30 registered Agents shall be supervised by any one (1) Licensed Operator.

LICENSE HOLDER FEE

0 to 30	**Registered Agents**	**$100.00**
31 to 60	**Registered Agents**	**$250.00**
61 or more	**Registered Agents**	**$500.00**

Number of Agents Employed: _____ Fee Enclosed: $_____

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

Name	License Number

OFFICE LOCATIONS

On forms provided by the Arkansas Department of Agriculture and/or 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)

Office Manager	Street Address	City – State - Zip Code	Phone

_____ _____

Signature **Date**
(License Holder Representative)

Print Form