



ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

#1 Natural Resources Drive, Little Rock, AR 72203-1069

(501)225-1598

PEST CONTROL AGENT EXAMINATION AND REGISTRATION APPLICATION

On-the-job training of the agent applicant is required prior to examination and registration. A complete Form 914A (Verifiable On-the-Job Training Record) documenting the agents 40 hours of on-the-job training must be submitted with this application. Additionally a \$30.00 examination and initial registration fee is required. The fee must be submitted with this application as well. If the 914A and/or the \$30.00 fee are not submitted with this application the application will be considered invalid and returned to the License Holder.

Agent: An Agent is an employee of a License Holder (Pest Control business) and must be registered by the License Holder to perform, solicit, or sell pest control work for which the License Holder is licensed. All Agents shall work under the direct supervision of a Licensed Commercial Operator employed by the License Holder. Any person registered as an Agent may enter into written contracts and may sign such contract for the License Holder. The Agent may be placed in charge of other Agents or crews and may perform pest control service themselves, when authorized to do so by the Licensed Operator or License Holder. While performing pest control services for the License Holder, an Agent shall travel in a motor vehicle marked as stated in Circular 6.

License Holder (Pest Control Business) Name: _____ (Print)

License Holder's Business Address: _____ (Print)

License Holder's Phone#: _____

License Holder's E-mail Address: _____

License Holder's License Number: _____

License Holder's Representative: _____ (Print)

Agent Applicant's Name: _____ (Print)

Agent Applicant's employment date: _____

Exam date requested and Location: _____ Fee Enclosed: \$ _____

Representative or Commercial Operator's signature

Date

Agent Applicant's signature

Date

**ARKANSAS DEPARTMENT OF AGRICULTURE VERIFIABLE
ON-THE-JOB TRAINING RECORD (Please Print or Type)**

License Holder (Company Name): _____

License Holder's License Number: _____

Agent Trainee Name: _____ **(Last) (First) (Middle)**

Date of Birth: _____ **(Use name as shown on Driver's License)**

Agent Trainee Employment Start Date: _____

Date(s) of Training	Topic #	O.J.T. Hours	Agent Trainee (Initial)	Trainer (Signature)

Agent Trainee's Signature: _____

License Holder ID# _____

Verifiable On-the-Job Training Requirements

<u>Topic</u>	<u>Hours</u>
1. Pest Identification.....	2.5
2. Labels and mixing of Pesticides.....	5
3. Personal protective equipment.....	2.5
4. Job site preparation and Pesticide application.....	30
Total - 40 hours	

The forty hours of verifiable on-the-job training must be performed under the direct supervision, direction, and control of a qualified trainer. A qualified trainer shall be a commercial applicator or agent with at least one year of experience in the pest control industry or other individual approved by the Plant Board. During the application of pesticides a qualified trainer must be physically present on the job site.