



PLANT INDUSTRIES  
DIVISION

## PRIVATE APPLICATOR LICENSE APPLICATION FORM INSTRUCTIONS

### FIRST TIMERS ONLY

#### **APPLICATION INSTRUCTIONS:**

- **Initial Certification must be obtained. Initial Certification can be obtained through the University of Arkansas County Extension Offices or website, click [here](#).**
- **Private Applicators must produce an agricultural commodity in order to obtain this license.**
- **Complete ALL fields on the attached application form.**
- **Make Check/Money Order Payable To: ARKANSAS STATE PLANT BOARD**
- **Mail the completed application form, required documents, and check/money order to:**  
**Arkansas Department of Agriculture**  
**Plant Industries Division, Pesticide Section**  
**#1 Natural Resources Drive**  
**Little Rock, AR 72205**
- **After mailing, allow a minimum of 21 business days for information to be updated in our system.**
- **To obtain a copy of your license go to License Search & Verification website, click [here](#).**

If you have any questions, please contact Tracy Eades or Mary Turley at (501) 225-1598 or [pesticide.private@agriculture.arkansas.gov](mailto:pesticide.private@agriculture.arkansas.gov).

Arkansas Department of Agriculture  
Plant Industries Division  
Pesticide Section



PLANT INDUSTRIES  
DIVISION

OFFICE USE ONLY

**PRIVATE APPLICATOR LICENSE APPLICATION FORM  
FIRST TIMERS ONLY**

➤ **IMPORTANT – FIELDS MARKED WITH \* AND ONE VALID PHONE NUMBER ARE REQUIRED.**

**APPLICATOR INFORMATION:**

\* Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

* UNIVERSAL ACCOUNT INFORMATION	
Date of Birth: _____	Last 4 of SSN: _____

\* Mailing Address: \_\_\_\_\_ \* City: \_\_\_\_\_

\* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_ \* County: \_\_\_\_\_

\* Cell Phone: \_\_\_\_\_ Home Phone (Opt.): \_\_\_\_\_

\* Business Phone: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

**LICENSE INFORMATION:**

\* Type of Operation:

- Apiary                       Forester                       Rancher  
 Farmer                       Nurseryman

\* Type of Agricultural Commodity being Produced:

\_\_\_\_\_  
\_\_\_\_\_

\* Farm County/Counties: \_\_\_\_\_

\_\_\_\_\_

To be eligible for a five-year license, you must have been certified or re-certified within the past twelve (12) months, without previously having a license on that certification.

To be eligible for a one-year license, you must have been certified or re-certified withing the past forty-eight (48) months, without previously having a license on that certification.

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**FEES:**

\*APPLICATION FEE ENCLOSED:       ONE YEAR LICENSE \$10.00      OR       FIVE YEAR LICENSE \$45.00

\*CHECK/MONEY ORDER NUMBER: \_\_\_\_\_

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Applicant stipulates that the restricted use pesticide purchased or secured will be used on his or her own, rented, or leased premises in accordance with label directions and hereby attest that he/she has read and is familiar with the Arkansas Department of Agriculture Pesticide Rules and Regulations.

Applicant's

\*Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_