



PLANT INDUSTRIES
DIVISION

PRIVATE APPLICATOR LICENSE APPLICATION FORM INSTRUCTIONS

RENEWALS ONLY

APPLICATION INSTRUCTIONS:

- **Recertification must be up to date. If you have an active license, to view your certification status go to License Search & Verification website, click [here](#).**
Recertification can be obtained through the University of Arkansas County Extension Offices or online, click [here](#).
 - **Private Applicators must produce an agricultural commodity in order to obtain this license.**
 - **Complete ALL fields on the attached application form.**
 - **Mail the completed application form and required documents:**
Arkansas Department of Agriculture
Plant Industries Division, Pesticide Section
#1 Natural Resources Drive
Little Rock, AR 72205
Or Email to: pesticide.commercial@agriculture.arkansas.gov
- DO NOT SUBMIT A PAYMENT AT THIS TIME!**
- **After mailing/emailing, allow a minimum of 21 business days for information to be updated in our system.**
 - **Once review process is completed and all license requirements are met an invoice will be mailed or emailed to you with payment instructions.**
 - **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.

Arkansas Department of Agriculture
Plant Industries Division
Pesticide Section



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OFFICE USE ONLY

PRIVATE APPLICATOR LICENSE APPLICATION FORM RENEWALS 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.

***License Type:**

ONE YEAR LICENSE

OR

FIVE YEAR LICENSE

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: _____