



## NON-COMMERCIAL APPLICATOR LICENSE APPLICATION FORM INSTRUCTIONS

### RENEWALS ONLY

PLANT INDUSTRIES  
DIVISION

#### **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 Division of Agriculture Research and Extension Service website, click [here](#).**
  - **Complete ALL fields on the attached application form.**
  - **Mail the completed application form and required documents to:**
    - Arkansas Department of Agriculture**
    - Plant Industries Division, Pesticide Section**
    - #1 Natural Resources Drive**
    - Little Rock, AR 72205****Or Email to: [pesticide.non-com@agriculture.arkansas.gov](mailto:pesticide.non-com@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.non-com@agriculture.arkansas.gov](mailto:pesticide.non-com@agriculture.arkansas.gov).

Arkansas Department of Agriculture  
Plant Industries Division  
Pesticide Section



PLANT INDUSTRIES  
DIVISION

OFFICE USE ONLY

## NON-COMMERCIAL APPLICATOR LICENSE APPLICATION FORM RENEWALS ONLY

- **DO NOT SUBMIT A PAYMENT AT THIS TIME!** You will receive an invoice.
- **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: _____

\* FAA Pilot Authorization No. (Required if applying for pilot's authorization): \_\_\_\_\_

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

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

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

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

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

### LICENSE INFORMATION:

\* Indicate category(s) to be licensed in (must be currently certified in each category indicated):

- |   |   |
|---|---|
| <input type="checkbox"/> Agricultural - Plants  | <input type="checkbox"/> Aquatic                    |
| <input type="checkbox"/> Agricultural - Animals | <input type="checkbox"/> Right of Way               |
| <input type="checkbox"/> Forest Pest Control    | <input type="checkbox"/> Demonstration and Research |
| <input type="checkbox"/> Wood Treatment         | <input type="checkbox"/> Public Health              |

\* Authorizations, if applicable:

- Pilot Authorization (Required for ALL aerial applicators, i.e. fixed wing, rotary, drone) (Must have passed Aerial Exam)
- Custom Pilot Authorization (Custom = 2,4-D containing products) (Must have passed Custom Aerial Applicator Exam)
- Custom Ground Authorization (Custom = 2,4-D containing products) (Must have passed Custom Ground Applicator Exam)

**EMPLOYER INFORMATION:**

\*List Firm or Government Agency (and location) that you will be working for during license year \_\_\_\_\_:

Firm/Government Agency Legal Name	Location

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I do hereby attest that I have read and am familiar with the Arkansas Department of Agriculture Pesticide Rules and Regulations.

Applicant's

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

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