



PLANT INDUSTRIES
DIVISION

COMMERCIAL APPLICATOR TECHNICIAN LICENSE APPLICATION FORM INSTRUCTIONS

FIRST TIMERS ONLY

APPLICATION INSTRUCTIONS:

- **Initial Training must be obtained. Training can be obtained through the University of Arkansas Division of Agriculture Research and Extension Service website, click [here](#).**
- **Commercial Applicator Technicians must work under the supervision of a licensed applicator under a licensed firm in order to obtain this license.**
- **First timers must complete attached Required Confidential Information Form.**
- **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.commercial@agriculture.arkansas.gov.

Arkansas Department of Agriculture
Plant Industries Division
Pesticide Section



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OFFICE USE ONLY

COMMERCIAL APPLICATOR TECHNICIAN 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: _____

EMPLOYER INFORMATION:

* List ALL Firms (and locations) that you will be working for during license year _____:

Commercial Firm Legal Name	Location

FEES:

* APPLICATION FEE ENCLOSED – Commercial Applicator Technician:.....TOTAL: \$ _____ 25.00

* CHECK/MONEY ORDER NUMBER: _____

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: _____



PLANT INDUSTRIES DIVISION

Required Confidential Information Form

Instructions: Please print clearly. This information is confidential and required by Act 1163 of 1997. The name below should appear the same as on the license application form.

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ - _____ - _____

Do not write below this line

For Office Use Only

<u>Type of License(s) Issued</u>	<u>License Number</u>
Private Applicator License: <input type="checkbox"/>	_____
Commercial Individual License: <input type="checkbox"/>	_____
Commercial Applicator Technician License: <input type="checkbox"/>	_____
Individual RUP Seed Treatment License: <input type="checkbox"/>	_____
Non-Commercial Applicator License: <input type="checkbox"/>	_____
Other:..... <input type="checkbox"/>	_____

During the Arkansas General Assembly legislators passed Act 1163 of 1997. This Act mandates that on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the license application, or on the license if no application is required. The Arkansas Department of Agriculture is required to submit this information to the Office of Child Support Enforcement.