



Arkansas Department of Agriculture
 Plant Industries Division, Regulatory Services Section
 P.O. Box 1069
 Little Rock, AR 72203-1069
 (501) 225-1598 | agriculture.arkansas.gov

| OFFICE USE ONLY | |
|-------------------------|-------|
| Insurance Policy Number | _____ |
| Bond Policy Number | _____ |
| License Number | _____ |

PEST CONTROL LICENSE HOLDER APPLICATION

Each license holder must establish a primary location from which the pest control business will be operated and designate an individual to represent the business. **Note:** This location will be considered the license holders business headquarters and will be the location all correspondence from the Plant Board will be received. (Please type or print.)

License Holder's Company Name: _____

Representative: _____ Phone: _____

Office Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Email: _____

Choose the class number of each classification of pest control services to be provided by your business:

| Class | Pest Control Service |
|-------|---|
| 1. | Termite and Other Structural Pest Control |
| 2. | Household Pest and Rodent Control |
| 3. | General Fumigation |
| 4. | Tree and Turf Pest Control |
| 5. | Weed Control |
| 6. | Golf Course Pest Control |

The License Holder must themselves be, or shall employ and maintain, at least one Licensed Operator for each classification of pest control service work provided by the License Holder. The Licensed Operators shall maintain direct supervision over all pest control services provided by the License Holder's Business. No more than 20 registered Agents shall be supervised by any one (1) Licensed Operator.

License Holder Fee

| | | |
|------------|-------------------|----------|
| 0 to 30 | Registered Agents | \$100.00 |
| 31 to 60 | Registered Agents | \$250.00 |
| 61 or more | Registered Agents | \$500.00 |

Number of Agents Employed: _____

Fee Enclosed: \$ _____

