ARKANSAS DEPARTMENT OF AGRICULTURE

Commercial Firm License-Add Custom or Tree Injector Permit Request Form

1. **Commercial Firm must employ at least one licensed Individual Commercial Applicator with Custom or Tree Injector Authorization to obtain a Custom or Tree Injector Permit.**
2. **A separate permit is required for each location.**
3. **Complete ALL required fields on the attached application form.**
4. **Make Check/Money Order Payable To: ARKANSAS STATE PLANT BOARD**
5. **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 processed.
6. **To obtain a copy of your updated license go to License Search & Verification website.**

For any questions or further assistance, please contact the Pesticide Section at (501) 219-6314, or via email at pesticide.commercial@agriculture.arkansas.gov.

Arkansas Department of Agriculture
Plant Industries Division
Pesticide Section

ARKANSAS DEPARTMENT OF AGRICULTURE

Commercial Firm License-Add Custom or Tree Injector Permit Request Form

Important: Only the original, unaltered application form will be accepted.
Modified forms are invalid and will not be processed.

Required: One valid phone number required along with all fields marked with an asterisk*.

*__INDICATE APPLICATOR TYPE:__ ☐ AERIAL OR ☐ AERIAL AND GROUND OR ☐ GROUND

__COMMERCIAL FIRM INFORMATION:__

*Legal Firm Name: _____

*UNIVERSAL ACCOUNT INFORMATION
Employer Identification Number (EIN): _____

*Mailing Address: _____ *City: _____

*State: _____ *Zip Code: _____

*Email Address: _____

(All notifications from the Arkansas Department of Agriculture will be sent to the email address listed above.)

*Location Address: _____ *City: _____

*State: _____ *Zip Code: _____ *County: _____

*Contact Name: *First: _____ *Last: _____

Contact Phone: _____ Location Business Phone: _____

*__Proof Of Firm Financial Responsibility:__ $100,000 minimum required. Check the box for the form your business will use and provide documentation if required:

Letter of Credit from an Arkansas bank – Proof of Letter of Credit status is required ☐

Surety Bond – Continuation certificate is required ☐

Escrow Account with an Arkansas bank – Proof of escrow account status is required ☐

Insurance – Completion of 1) – 3) below is required – Documentation is NOT required ☐

1) **Insurance Policy Information:**

Insurance Company Name: _____

NAIC Number: _____

Policy Number: _____ Effective Date: _____ Expiration Date: _____

2) **Limits of Liability (Applicable to pesticide coverage):**

Pesticide Application Coverage: $_____ (Minimum $100,000) Deductible: $_____ (Maximum $5,000)

Does this policy cover the applications of 2,4-D containing compounds? YES ☐ NO ☐

3) **List any pesticides not covered by this policy:**

_____ _____

_____ _____

*__Permit Information:__

Indicate any permit type that will be added to the Commercial Firm License:

Custom Permit (For 2,4-D containing product applications) ☐

- OR -

Tree Injector Permit for Tree Injection and similar methods (For 2,4-D containing product application) ☐

*__Equipment To Be Licensed under the Permit:__

Important: ALL licensed application equipment listed below must be covered by proof of financial responsibility.

Indicate any application equipment to be used for Custom/Tree Injector applications.

Ground, Air-Fixed, Air-Rotary, Air-Drone	Year Ex: (1990)	Make and Model Ex: (Air Tractor 802A)	ID# for Ground or N# for Aircraft Ex: (# 10 or N111)

***Operator-In-Charge Working For Firm:**

Important: ALL individual applicators listed below must be covered by proof of financial responsibility provided.

ALL individual applicators to be Operator-In-Charge for Custom/Tree Injector Permit must be a licensed individual applicator and have passed the appropriate custom exam.

Applicator Legal Name	License # (If known)

FEES:

For Custom Permit:

Custom Permit Fee.....$150.00 $_____

Operator-In-Charge Fee.....$50.00 Each $_____

Equipment Custom Decal(s) and Inspection(s) Fee.....$75.00 Each $_____

For Tree Injector Permit:

Tree Injector Permit Fee.....$50.00 $_____

Operator-In-Charge Fee.....$50.00 Each $_____

*FEE ENCLOSED:.....TOTAL: $_____

*CHECK/MONEY ORDER NUMBER: _____

***For Custom Permit:**

Advanced deposit is required for initial application – must use separate check/money order:

$250.00 Check/Money Order No.: _____

***For Tree Injector Permit:**

Advanced deposit is required for initial application – must use separate check/money order:

$10 for each tree injector or similar apparatus up to a maximum of $250.00 Check/Money Order No.: _____

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

Applicant's

*Legal Name:_____ *Signature:_____ *Date: _____

(Person Applying Only - Print)

ARKANSAS DEPARTMENT OF AGRICULTURE

USE THIS PAGE FOR ADDITIONAL EQUIPMENT TO BE LICENSED UNDER THIS PERMIT

Ground, Air-Fixed, Air-Rotary, Air-Drone	Year Ex: (1990)	Make and Model Ex: (Air Tractor 802A)	ID# for Ground or N# for Aircraft Ex: (# 10 or N111)	Custom	Tree Injector
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ARKANSAS DEPARTMENT OF AGRICULTURE

USE THIS PAGE FOR ADDITIONAL OPERATOR-IN-CHARGE TO BE WORKING UNDER THIS PERMIT

Legal Name	License #	Operator -In- Charge