ARKANSAS DEPARTMENT OF AGRICULTURE

Commercial Firm-Renewal Form

RENEWALS ONLY – IF ADDING A NEW CUSTOM OR TREE INJECTOR PERMIT TO YOUR FIRM LICENSE DO NOT COMPLETE THIS FORM - USE THE NEW APPLICANT FORM

1. **Commercial Firms must employ at least one licensed Individual Commercial Applicator to obtain this license.**
2. **A separate license is required for each location.**
3. **Out of State: Must attach Power of Attorney designating an Arkansas resident for service of process.**
4. **Complete ALL required fields on the attached application form.**
5. **Email the completed application form and required documents to:**

   pesticide.commercial@agriculture.arkansas.gov

   Important: All documents submitted electronically must be in PDF format and legible. Please verify that all files are properly formatted and meet readability standards before submission.

   Or Mail to: Arkansas Department of Agriculture
   Plant Industries Division, Pesticide Section
   #1 Natural Resources Drive
   Little Rock, AR 72205

   DO NOT SUBMIT A PAYMENT AT THIS TIME!

   After emailing/mailing, allow a minimum of 21 business days for information to be processed.

6. **Once review process is completed and all license requirements are met, an invoice will be sent via email or mail.**

   Invoices will be sent weekly until payment is received and the license is issued.

7. **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

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Commercial Firm-Renewal Form

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

Do not submit payment at this stage. An invoice will be issued to you once processing is completed.

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: _____

*Are application records kept at the location address? YES ☐ NO ☐

If NO, list application records location information below:

_____

(Address, City, State, Zip Code, Phone Number)

***Out Of State Firms** – Must attach Power of Attorney designating an Arkansas resident for service of process.

*__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:__

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Indicate any permit type that will be renewed with the Commercial Firm Applicator License: **NONE** ☐

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:__

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)	Custom	Tree Injector
				☐	☐
				☐	☐
				☐	☐
				☐	☐

***Individual Applicators Working For Firm:**

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

Indicate any individual applicator to be Operator-In Charge for Custom/Tree Injector Permit.

Applicator Legal Name	License # (If known)	Operator -In- Charge

FEES:

For Commercial Firm License:

Commercial Firm License Fee..... $100.00

Equipment Commercial Decal(s) Fee .....$20.00 Each

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

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

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

ARKANSAS DEPARTMENT OF AGRICULTURE

USE THIS PAGE FOR ADDITIONAL APPLICATORS TO BE WORKING UNDER THIS LICENSE

Legal Name	License #	Operator -In- Charge