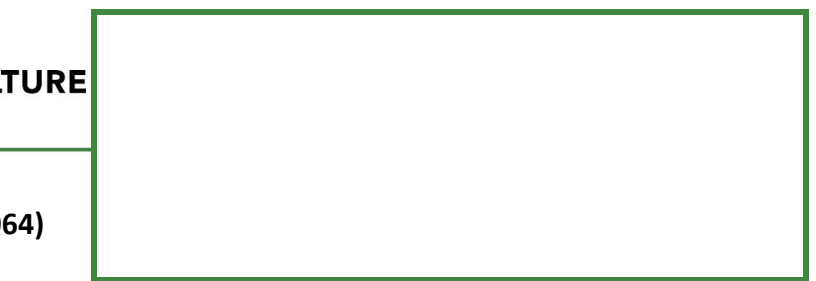




ARKANSAS DEPARTMENT OF AGRICULTURE
PLANT INDUSTRIES DIVISION

FERTILIZER FACILITY LICENSE APPLICATION (FORM 1064)



- Instructions:**
- NEW OR RENEWING APPLICANTS: *This application form is only intended for fertilizer facilities physically located within Arkansas. Each location in Arkansas where fertilizer is manufactured, mixed/blended, or stored in bulk must be licensed; Submit this form for each location to be licensed.*
 - LICENSE EXPIRATION: *ALL Fertilizer Facility Licenses expire on June 30th of each year and must be renewed annually.*
 - FORM DUE DATE: This license renewal form is due by June 30th annually. New company applicants are accepted at any time.
 - LICENSING FEE: \$50.00 per facility/location.
 - FORM SUBMISSION VIA EMAIL: Submit via email to fertilizer@agriculture.arkansas.gov. Submit payment via online payment portal: [PLANT INDUSTRIES ONLINE PAYMENT PORTAL](#)
 - FORM SUBMISSION VIA POST-MAIL: Submit this form via post-mail *with check/money order payment* to the AR Department of Agriculture, ATTN: QCC/Fertilizer, 1 Natural Resources Drive, Little Rock, AR 72205.
 - PRODUCT REGISTRATION: If you have fertilizer products you need to register, please submit Form 1055 "Application for Registration of Commercial Fertilizers."
 - QUESTIONS: fertilizer@agriculture.arkansas.gov or call (501) 219-6339.

APPLICATION TYPE (select one): ☐ New Company ☐ Renewing Company

Fertilizer Facility Company Name:			LICENSE #, if renewing:
Physical Address:			
City:	State:	Zip:	
Contact Email:	Contact Phone #:		
Arkansas County:			Company Business EIN:

MAILING ADDRESS: Only complete this section if mailing address is different from above physical address:

Mailing Name:		
Mailing Address:		
City:	State:	Zip:

FERTILIZER FACILITY TYPE (Check all that apply to this fertilizer facility):

COMMODITY / FERTILIZER PRODUCT TYPE	MANUFACTURE?	MIX?	DISTRIBUTE?	STORE?
AMMONIUM NITRATE				
ANHYDROUS AMMONIA				
LIQUID				
DRY BULK				
DRY BAGGED				

ATTESTATION: I certify that the information provided on this form is accurate and that this fertilizer facility agrees to comply with current Arkansas Fertilizer Rules/Laws. I understand that the Department may suspend or revoke the license for cause. I acknowledge that the license expires annually on June 30th and must be renewed each year using this form.

PRINTED APPLICANT NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

QCC OFFICE USE ONLY	
FY(s): _____	LIC ISS: _____
APPROVAL DATE: _____	LIC EXP: _____