



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: _____

<u>QCC OFFICE USE ONLY</u>	
FY(s): _____	LIC ISS: _____
APPROVAL DATE: _____	LIC EXP: _____