

**CERTIFICATE OF FACT**

DATE: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn,  
(Individual's Name)

depose and say that I am the \_\_\_\_\_ of the licensee  
(Title)

\_\_\_\_\_  
(Name of Business) ;

that I am authorized on the part of said licensee to verify and file with the Arkansas Plant Industries Division all information contained herein; that I have full knowledge of the matters set forth herein and that all the same are true in substance and in fact.

\_\_\_\_\_  
(Authorized Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

This application must be signed by the owner if an individual, by one of the partners if a partnership, or by an officer of the corporation if incorporated.