



Arkansas Department of Agriculture  
Animal Health Division  
1 Natural Resources Drive  
Little Rock, AR 72205  
(501) 225-1598  
agriculture.arkansas.gov

---

## APPLICATION FOR LIVESTOCK DEALER LICENSE

I, \_\_\_\_\_, do hereby apply for a license as a livestock dealer and in  
(Print Name)

consideration for being granted a license agree to the following:

1. To keep a record of the purchase and sale of all livestock that is handled by me.
2. The records of such livestock shall include the ear tag (if any), tattoo, back tag, or other permanent identifying numbers carried by or assigned to the animal at the time of the purchase and sale. If no identifying number is carried by the animal at the time of purchase, I agree to place one at that time on the purchased animal (tags, brands, or tattoo).
3. I understand that official back tags will be acceptable individual identification for livestock purchased at a regular scheduled auction market and moved direct to a slaughtering establishment.
4. I further agree to keep these records of purchases and sales in an appropriate record book or other system in such a manner that will enable state and federal animal health agencies to identify the origin and disposition of each required animal purchased and sold. This information shall contain the name and address of the person from whom the animal was purchased or who consigned the animal for sale in cases where the animal was purchased from an auction market and the date of such consignment and purchase.
5. The name and address to whom the animal was sold and the date of sale or consignment.
6. The name and address to whom the animal was sold and the date of sale or consignment.
7. The date and result of any tests that may be required for sale and movement or a copy of the official test record may be identified to the transaction and filed with the records.
8. I still further agree to retain the above records relating to sales and purchases of livestock and keep them in my possession for a period of at least two years and to make all records, together with entries therein, available for examination by agents of the Arkansas Department of Agriculture.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Information below to be filled out for new applicants only.**

**NOTARY PUBLIC**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

**Send the completed form to:**  
Arkansas Department of Agriculture  
Animal Health Division  
1 Natural Resources Drive, Little Rock, AR 72205