



# ARKANSAS DEPARTMENT OF AGRICULTURE

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## Commercial Firm-License Modification Form

1. Complete ALL required fields on the attached application form.
2. Make Check/Money Order Payable To: ARKANSAS STATE PLANT BOARD
3. Mail the completed application form, required documents, and check/money order to:  
Arkansas Department of Agriculture  
Plant Industries Division, Pesticide Section  
#1 Natural Resources Drive  
Little Rock, AR 72205  
  
After mailing, allow a minimum of 21 business days for information to be processed.
4. 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](mailto:pesticide.commercial@agriculture.arkansas.gov).

Arkansas Department of Agriculture  
Plant Industries Division  
Pesticide Section



Commercial Firm-License Modification Form

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

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.)

LICENSE INFORMATION:

\* Please add the following to:

[ ] Commercial Firm License Number: \_\_\_\_\_

[ ] Custom or Tree Injector Permit Number: \_\_\_\_\_

If no changes to this section check here [ ]

\* 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)

**\*Equipment To Be Licensed or Removed:**

If no changes to this section check here

**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	Remove

**\*Individual Applicators, Operator-In-Charge, or Commercial Applicator Technicians To Be Licensed or Removed:**

If no changes to this section check here

**Important:** ALL Operator-In-Charge listed below must be a licensed individual applicator, passed Aerial or Ground Custom Exam, or Tree Injector Exam and be covered by the proof of financial responsibility provided.

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

**FEES:**

Equipment added to Commercial Firm License (Decal(s)).....\$20.00 Each \$ \_\_\_\_\_  
 Equipment added to Custom Permit (Decal(s) and Inspection(s)).....\$75.00 Each \$ \_\_\_\_\_  
 Equipment added to Tree Injector Permit.....\$0.00 Each \$ \_\_\_\_\_ 0.00  
 Operator-In-Charge.....\$50.00 Each \$ \_\_\_\_\_

**\* FEE ENCLOSED:** .....**TOTAL:** \$ \_\_\_\_\_

**\* CHECK/MONEY ORDER NUMBER:** \_\_\_\_\_

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)



