



# ARKANSAS DEPARTMENT OF AGRICULTURE

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## 2,4-D Hardship Permit-Application Form

1. Section XI, Paragraph (D) of the Arkansas Regulations on Pesticide Classification does not allow the application of 2,4-D containing products that are labeled for agricultural use in Clay, Greene, Craighead, Poinsett, Cross, Crittenden, St. Francis, Lee, Phillips, and Mississippi Counties in Arkansas by ground or aerial application between April 16<sup>th</sup> and September 15<sup>th</sup> unless a Hardship Permit has been issued by the Department. Said permit may be applied for by a producer by providing the required information and submitting the indicated permit fee to the Pesticide Section of the Arkansas Department of Agriculture.
2. Complete ALL required fields on the attached application form.
3. Complete FIELD ID forms for each field and submit them with application form.
4. Make Check/Money Order Payable To: ARKANSAS STATE PLANT BOARD
5. 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.
6. To obtain a copy of your permit go to [License Search & Verification](#) website.

For any questions or further assistance, please contact the Pesticide Section at (501) 219-6357, or via email at [pesticide.hardshippermits@agriculture.arkansas.gov](mailto:pesticide.hardshippermits@agriculture.arkansas.gov).

Arkansas Department of Agriculture  
Plant Industries Division  
Pesticide Section



### 2,4-D Hardship Permit-Application 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 IF INITIAL OR RENEWAL:**     INITIAL LICENSE (NEW APPLICANT)    OR     LICENSE RENEWAL

**APPLICATOR INFORMATION:**

\* Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

* UNIVERSAL ACCOUNT INFORMATION	
Date of Birth: _____	Last 4 of SSN: _____

\* Farm Entity: \_\_\_\_\_

\* Mailing Address: \_\_\_\_\_ \* City: \_\_\_\_\_

\* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_ \* County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

*(All notifications from the Arkansas Department of Agriculture will be sent to the email address listed above.)*

**LICENSE INFORMATION:**

For each field to which 2,4-D containing products are to be applied, complete a FIELD ID form and attach to this application.

Enter the number of fields for which FIELD ID forms will be completed: \_\_\_\_\_

**FEES:**

\* FEE ENCLOSED: \_\_\_\_\_ \$ 100.00

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

Applicant stipulates that he/she understands that in addition to the specific requirements for the application of products assigned to this class, he/she must also comply with all other applicable State and Federal laws and rules.

Applicant's

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_



# ARKANSAS DEPARTMENT OF AGRICULTURE

## 2,4-D Hardship Permit-Field ID Form

(Must complete a separate form for each field and submitted with FORM DP-61)  
(Make copies as needed)

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

**Required:** All fields marked with an asterisk\*.

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\*Legal Name: \_\_\_\_\_  
(First, Middle, Last, Suffix)

\*Field Name or No: \_\_\_\_\_ County: \_\_\_\_\_ No. of Acres: \_\_\_\_\_  
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\*Describe field location (i.e. Highway 67, 1 mile south of Jacksonville): \_\_\_\_\_  
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\*GPS Reading of the primary entrance to this field (required in decimal degrees):  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
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\*How will application be made:       Ground       Air  
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\*Describe in detail (other than cost) why 2,4-D alternatives will not be practical at this location:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Must submit DP-63 2,4-D Hardship Permit Record Keeping Form within 10 days of application to this field to [pesticide.hardshippermits@agriculture.arkansas.gov](mailto:pesticide.hardshippermits@agriculture.arkansas.gov).**