



ARKANSAS DEPARTMENT OF AGRICULTURE

Individual Restricted Use Pesticide Seed Treatment-New Applicant Form

1. Initial Certification must be obtained.
 - Online testing is available via [Everblue](#).
 - In person testing is available at the Arkansas Department of Agriculture Little Rock office. Preregistration is required. For preregistration form click [here](#).
 - For the University of Arkansas Study Kit Order Form click [here](#).
2. Individual Restricted Use Pesticide Treaters must be employed by a licensed Seed Treatment Facility.
3. New applicants must complete attached Required Confidential Information Form.
4. Complete ALL required fields on the attached application form.
5. Make Check/Money Order Payable To: ARKANSAS STATE PLANT BOARD
6. 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.
7. 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.

Arkansas Department of Agriculture
Plant Industries Division
Pesticide Section



Individual Restricted Use Pesticide Seed Treatment-New Applicant 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*.

APPLICATOR INFORMATION:

* Legal Name: _____
(First, Middle, Last, Suffix)

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

* 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.)

EMPLOYER INFORMATION:

* List name and location of the LICENSED Seed Treatment Facility:

Seed Treatment Facility Legal Name	Location

FEES:

* FEE ENCLOSED: \$ _____ 35.00

* 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

* Signature: _____ * Date: _____



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Pesticide Division

Required Confidential Information Form

Instructions: Please print clearly. This information is confidential and required by Arkansas Code Annotated § 17-1-104. The name below should appear the same as on the license application form.

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ - _____ - _____

Do not write below this line

For Office Use Only

Type of License(s) Issued

License Number

Private Applicator License: _____

Commercial Individual License: _____

Commercial Applicator Technician License: _____

Individual RUP Seed Treatment License: _____

Non-Commercial Applicator License: _____

Other: _____

During the Arkansas General Assembly, legislators enacted provisions now codified as Arkansas Code Annotated § 17-1-101. This statute mandates that, on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the application form, or on the license if no application is required. The Arkansas Department of Agriculture is required to submit this information to the Office of Child Support Enforcement.