



ARKANSAS DEPARTMENT OF AGRICULTURE

Individual Restricted Use Pesticide Seed Treatment-Renewal Form

1. Recertification must be up to date. If you have an active license, to view your certification status go to [License Search & Verification](#) website.

Recertification can be obtained through the [University of Arkansas Division of Agriculture Research and Extension Service](#) website.

2. Individual Restricted Use Pesticide Seed Treaters must be employed by a licensed Seed Treatment Facility.
3. Complete ALL required fields on the attached application form.
4. Email the completed application form and required documents to:

pesticide.commercial@agriculture.arkansas.gov

Important: All documents submitted electronically must be in PDF format and legible. Please verify that all files are properly formatted and meet readability standards before submission.

Or Mail to: Arkansas Department of Agriculture
Plant Industries Division, Pesticide Section
#1 Natural Resources Drive
Little Rock, AR 72205

DO NOT SUBMIT A PAYMENT AT THIS TIME!

After emailing/mailling, allow a minimum of 21 business days for information to be processed.

5. Once review process is completed and all license requirements are met, an invoice will be sent via email or mail.

Invoices will be sent weekly until payment is received and the license is issued.

6. 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



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

Do not submit payment at this stage. An invoice will be issued to you once processing is completed.

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:

* Individual RUP Seed Treatment Category Fee\$35.00

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: _____