



ARKANSAS DEPARTMENT OF AGRICULTURE

Commercial Firm-New Applicant Form

1. Commercial Firm must employ at least one licensed Individual Commercial Applicator to obtain this license.
2. A separate license is required for each location.
3. **Out of State:** Must attach [Power of Attorney](#) designating an Arkansas resident for service of process.
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



Commercial Firm-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*.

* **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.)

* 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)

* **Out Of State Firms** – Must attach Power of Attorney designating an Arkansas resident for service of process.

***Proof Of Firm Financial Responsibility:** \$100,000 minimum required. Check the box for the form your business will use and provide documentation if required:

- Letter of Credit from an Arkansas bank – Proof of Letter of Credit status is required
- Surety Bond – Continuation certificate is required
- Escrow Account with an Arkansas bank – Proof of escrow account status is required.....
- Insurance – Completion of 1) – 3) below is required – Documentation is NOT required.....

1) Insurance Policy Information:

Insurance Company Name: _____

NAIC Number: _____

Policy Number: _____ Effective Date: _____ Expiration Date: _____

2) Limits of Liability (Applicable to pesticide coverage):

Pesticide Application Coverage: \$ _____ Deductible: \$ _____
(Minimum \$100,000) (Maximum \$5,000)

Does this policy cover the applications of 2,4-D containing compound? YES NO

3) List any pesticides not covered by this policy:

***Permit Information:**

Indicate any permit type that will be added to the Commercial Firm License: **NONE**

Custom Permit (For 2,4-D containing product applications)
 - OR -

Tree Injector Permit for Tree Injection and similar methods (For 2,4-D containing product application)

***Equipment To Be Licensed:**

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	

***Individual Applicators Working For Firm:**

Important: ALL individual applicators listed below must be covered by proof of financial responsibility provided.

Indicate any individual applicator to be Operator-In Charge for Custom/Tree Injector Permit.

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

FEES:

For Commercial Firm License:

Commercial Firm License Fee.....\$100.00 \$ _____
 Equipment Commercial Decal(s) Fee.....\$20.00 Each \$ _____

For Custom Permit:

Custom Permit Fee.....\$150.00 \$ _____
 Operator-In-Charge Fee.....\$50.00 Each \$ _____
 Equipment Custom Decal(s) and Inspection(s) Fee.....\$75.00 Each \$ _____

For Tree Injector Permit:

Tree Injector Permit Fee.....\$50.00 \$ _____
 Operator-In-Charge Fee.....\$50.00 Each \$ _____

* FEE ENCLOSED:TOTAL: \$ _____

* CHECK/MONEY ORDER NUMBER: _____

***For Custom Permit:**

Advanced deposit is required for initial application – must use separate check/money order:

\$250.00 Check/Money Order No.: _____

***For Tree Injector Permit:**

Advanced deposit is required for initial application – must use separate check/money order:

\$10 for each tree injector or similar apparatus up to a maximum of \$250.00 Check/Money Order No.: _____

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)

