



ARKANSAS DEPARTMENT OF AGRICULTURE

Noncommercial-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. Complete ALL required fields on the attached application form.
3. Make Check/Money Order Payable To: ARKANSAS STATE PLANT BOARD
4. 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.
5. 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.non-com@agriculture.arkansas.gov.

Arkansas Department of Agriculture
Plant Industries Division
Pesticide Section



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Noncommercial-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

APPLICATOR INFORMATION:

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

* UNIVERSAL ACCOUNT INFORMATION

Date of Birth: _____	Last 4 of SSN: _____
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*FAA Pilot Authorization No. (Required if applying for pilot's authorization): _____

*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:

*Indicate the category(ies) you wish to be licensed in. You must hold current certification in the chosen category(ies):

- | | |
|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Agricultural - Plants | <input type="checkbox"/> Aquatic |
| <input type="checkbox"/> Agricultural - Animals | <input type="checkbox"/> Right of Way |
| <input type="checkbox"/> Forest Pest Control | <input type="checkbox"/> Demonstration and Research |
| <input type="checkbox"/> Wood Treatment | <input type="checkbox"/> Public Health |

*Authorizations, if applicable:

- ☐ Pilot Authorization (Required for ALL aerial applicators, i.e. fixed wing, rotary, drone) (Must have passed Aerial Exam)
- ☐ Custom Pilot Authorization (Custom = 2,4-D containing products) (Must have passed Custom Aerial Applicator Exam)
- ☐ Custom Ground Authorization (Custom = 2,4-D containing products) (Must have passed Custom Ground Applicator Exam)

EMPLOYER INFORMATION:

*List name and location of your employer (firm or government agency):

Firm/Government Agency Legal Name	Location

FEES:

Category Fee.....\$35.00 Each \$ _____

Pilot Authorization Fee (aerial applicators only).....\$35.00 \$ _____

Custom Pilot Authorization Fee (must have passed exam; aerial applicators only).....\$35.00 \$ _____

*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

*Signature: _____

*Date: _____