



ARKANSAS DEPARTMENT OF AGRICULTURE

Individual Applicator-License Modification Form

1. Individual must be certified in the category and/or authorization.
 - 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.commercial@agriculture.arkansas.gov.

Arkansas Department of Agriculture
Plant Industries Division
Pesticide Section



Individual Applicator-License Modification 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: _____

*FAA Pilot Authorization No. (Required if applying for pilot 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:

*Please add the following to:

- Individual Commercial Applicator License Number: _____
- Noncommercial Applicator License Number: _____
- Private Applicator with Pilot Authorization License Number: _____

*Indicate category(s) to be added (must be currently certified in each category indicated), if applicable:

If no changes to this section check here

- | | |
|---|---|
| <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 |

*Indicate Authorization(s) to be added, if applicable:

If no changes to this section check here

- 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):

If no changes to section check here

Important: This section DOES NOT APPLY TO PRIVATE APPLICATOR LICENSES.

Firm or Government Agency Legal Name	Location	Remove

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 \$ _____

Custom Ground Authorization Fee (must have passed exam; ground applicators only).....\$0.00 \$ _____ 0.00

* FEE ENCLOSED:TOTAL: \$ _____

*CHECK/MONEY ORDER NUMBER: _____

If you are only adding Custom Ground Authorization and/or amending Employer Information do not submit a check/money order since there is no fee associated with those amendments!

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: _____