



ARKANSAS DEPARTMENT OF AGRICULTURE

Private Applicator with Pilot Authorization-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. Private Applicators must produce an agricultural commodity to obtain this license.
3. Complete ALL required fields on the attached application form.
4. Make Check/Money Order Payable To: ARKANSAS STATE PLANT BOARD
5. 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.
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.private@agriculture.arkansas.gov.

Arkansas Department of Agriculture
Plant Industries Division
Pesticide Section



Private Applicator with Pilot Authorization-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*.
Private Applicators must produce an agricultural commodity to obtain this license.

***INDICATE APPLICATOR TYPE:** AERIAL OR AERIAL AND 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’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)

*Type of Operation:

Apiary

Forester

Rancher

Farmer

Nurseryman

*Type of Agricultural Commodity being Produced: _____

*Farm County/Countries: _____

*Equipment:

Important: ALL aerial application equipment must be listed below.

Air-Fixed, Air-Rotary, Air-Drone	Year Ex: (1990)	Make and Model Ex: (Air Tractor 802A)	N# for Aircraft Ex: (N111)	Custom

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: _____

Applicant stipulates that the restricted use pesticide purchased or secured will be used on his or her own, rented, or leased premises in accordance with label directions and hereby attest that he/she has read and is familiar with the Arkansas Department of Agriculture Pesticide laws and rules.

Applicant's

*Signature: _____

*Date: _____