



ARKANSAS DEPARTMENT OF AGRICULTURE

Private Applicator-Application Form

Ground Only

1. Certification must be up to date.

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

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

2. Private Applicators must produce an agricultural commodity to obtain this license.
3. Complete ALL required fields on the attached application form.
4. How to submit application form and payment:

Option 1 (Preferred): Submit via Email – Receive Invoice via Email – Pay Online.
<p>Email Address: pesticide.private@agriculture.arkansas.gov</p> <ul style="list-style-type: none">• Be sure to include your email address on the application form to use this method.• Once your application is complete and all licensing requirements are met, you'll receive an invoice via email.• Pay the fee using the online renewal payment portal.• Please allow <u>1-2 business days</u> for processing after payment is submitted.
Option 2: Submit via Mail – Receive Invoice via Mail – Pay via Mail or Online
<p>Mailing Address: Arkansas Department of Agriculture, Plant Industries Division, Pesticide Section, #1 Natural Resources Drive, Little Rock, AR 72205</p> <ul style="list-style-type: none">• After your application is complete and all license requirements are met, an invoice will be mailed to you.• You may pay by mailing a check or money order with the invoice or use the online renewal payment portal.• Please allow <u>at least 14 business days</u> for processing after payment is received.

5. To obtain a copy of your 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



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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*.

***INDICATE IF INITIAL OR RENEWAL:** ☐ INITIAL LICENSE (NEW APPLICANT) OR ☐ LICENSE RENEWAL

APPLICATOR INFORMATION:

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

*** UNIVERSAL ACCOUNT INFORMATION**

Date of Birth: _____	Last 4 of SSN: _____
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* 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:

* Type of Operation:

- | | | |
|---------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Apiary | <input type="checkbox"/> Forester | <input type="checkbox"/> Rancher |
| <input type="checkbox"/> Farmer | <input type="checkbox"/> Nurseryman | |

* Type of Agricultural Commodity being Produced: _____

*Farm County/Counties: _____

To be eligible for a five-year license, you must have been certified or re-certified within the past twelve (12) months, without previously having a license on that certification.

To be eligible for a one-year license, you must have been certified or re-certified within the past forty-eight (48) months, without previously having a license on that certification.

FEES:

*APPLICATION TYPE AND FEE: ☐ ONE YEAR LICENSE \$10.00 OR ☐ FIVE YEAR LICENSE \$45.00

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: _____