

**APPLICATION FOR AN AGRICULTURAL CONSULTANTS LICENSE**  
**For the Year Ending December 31, 20\_\_**

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*INSTRUCTIONS: Complete and submit to the Arkansas State Plant Board, P. O. Box 1069, Little Rock, Arkansas 72203. Upon approval, the license will be issued for the year indicated. This application is considered incomplete unless the second page (Required Confidential Information Form) is completed.*

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**TO THE PLANT BOARD - According to the provisions of the \*Agricultural Consultants Licensing Act of 2005, a license is hereby requested by the following person:**

*Please Print.*

Name \_\_\_\_\_ Home or Office \_\_\_\_\_

Firm Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Please check one of the following:*

- I am applying for an Arkansas Agricultural Consultant license as I was licensed in 2006. My 2006 license number was \_\_\_\_\_ .
- I am applying for an Arkansas Agricultural Consultant license due to being a current Arkansas Certified Crop Advisor (CCA). My CCA number is \_\_\_\_\_ .
- I am applying for an Arkansas Agricultural Consultant license due to being a current National Alliance Independent Crop Consultant (NAICC). My NAICC number is \_\_\_\_\_ .

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Fee: Agricultural Consultants License \$100.00                      Amount Enclosed \$ \_\_\_\_\_

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Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*\*Copies of Act available upon request*

