

APPLICATION FOR AN AGRICULTURAL CONSULTANTS LICENSE
For the Year Ending December 31, 200__

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.**

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:

Name _____ **Phone No.** _____

Firm Name _____ **Phone No.** _____

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 on 200__ . My 200__ 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 _____ .**

Fee: Agricultural Consultants License \$100.00 **Amount Enclosed \$** _____

Signed _____

Title _____

Date _____

***Copies of the Act available upon request.**