

**PRE-APPLICATION FOR AGRICULTURAL CONSULTANTS**

*INSTRUCTIONS: Complete and submit to  
Arkansas State Plant Board, P. O. Box 1069, Little Rock, AR 72203*

Applicant's Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Print or Type)

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

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

Firm Name \_\_\_\_\_

*I meet the following requirement(s) for testing as an agricultural consultant:  
(Please check appropriate box)*

- I hold a Master's or Ph.D. degree from a college or university acceptable to the Plant Board in appropriate agricultural disciplines.*
- I hold a Bachelor's degree from a college or university acceptable to the Plant Board with at least twelve semester hours of credit or its equivalent in appropriate agricultural disciplines and have one year of experience in the field of crop, livestock and poultry management.*
- Has seven (7) years of continuous experience working for a licensed agricultural consultant and passes a written examination administered by the board or Certified Crop Advisors.*

\*\*\*\*\*  
*Summary of work experience (Give employer, nature of work and dates of employment):*

\*\*\*\*\*  
***IMPORTANT: Attach copies of college transcripts and a notarized statement (if applicable) from the employer from whom the experience was gained.***

*I hereby certify that the above information is correct to the best of my knowledge.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_