

Alabama Department of Agriculture and Industries

APPLICATION FOR PROFESSIONAL SERVICES LICENSE

STRUCTURAL PEST CONTROL

BRANCH OFFICE

Return to:
DEPARTMENT OF AGRICULTURE & INDUSTRIES
PESTICIDE MANAGEMENT - PROFESSIONAL SERVICES
1445 FEDERAL DRIVE
MONTGOMERY AL 36107-1123
PHONE: 334-240-7261 FAX: 334-240-7316

Date: _____
County: _____

AGI.ALABAMA.GOV

ATTENTION: Application for Professional Services License as required under provisions of Chapter 28, Title 2, Code of Alabama (1975) as amended.
PERMIT FEE: \$75.00 PLUS \$100.00 FOR EACH CATEGORY OF WORK CERTIFIED TO PERFORM.. **A \$50.00 DELINQUENT PENALTY WILL BE APPLIED IF APPLICATION IS NOT RECEIVED BY NOVEMBER 6.** (PENALTY does not apply to NEW BUSINESS.) EXISTING BUSINESSES REAPPLYING FOR A LICENSE MAY BE SUBJECT TO CIVIL PENALTY PROVISIONS UP TO \$3000.00 FOR PERFORMING OR SOLICITING PROFESSIONAL SERVICES WORK WITHOUT A LICENSE.

IF APPLICATION IS SUBMITTED WITH OTHER LICENSE FEES, PLEASE SUBMIT SEPARATE CHECKS. CHECK CERTIFIED CATEGORY(IES) BELOW: _____

- Household, institutional & industrial Pest Control (HPB) Fumigation Pest Control (FC)
 Control and/or Eradication of Wood Destroying Organisms (WDS)

NAME OF BUSINESS: _____

BRANCH LOCATION: _____ PHONE: () _____

ZIP CODE: _____

MAILING ADDRESS: _____ FAX #: () _____

ZIP CODE: _____

EMAIL ADDRESS: _____

MAIN OFFICE _____ PHONE: () _____

LOCATION: _____ ZIP CODE: _____

NEW BUSINESS ADD-ON CATEGORY to License # _____ RENEWAL OUT OF BUSINESS BUY OUT

NAME CHANGE - OLD BUSINESS NAME: _____ New Address

LIST CERTIFIED SUPERVISOR(S) Additional names can be attached for those that passed exams and are certified. No additional fees are required. The Certified Operator is responsible for work performed by licensee.

LEGAL NAME	DOB	LAST 4 SS #	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INSURANCE (HPC/WDC/FC) BOND FOR WDC ONLY!

INSURANCE EXPIRATION DATE: _____

SURETY BOND EXPIRATION DATE: _____

*****THIS INFORMATION APPLIES TO NEW & EXISTING BUSINESSES*****
(IF HPC/FC/WDC, attach copy of CERTIFICATE OF INSURANCE. IF WDC ATTACH AN ORIGINAL SURETY BOND and copy of CONTRACTS.

SIGNATURE: _____ TITLE: _____

APPLICATION MUST BE SIGNED. PLEASE MAKE CHECK PAYABLE TO THE ALABAMA DEPT OF AGRICULTURE

*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****

LICENSE NUMBER: _____

AGRICULTURE OFFICE STAFF USE:	
Contract(s) Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Up-to-date:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bond Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>

License Fee: _____

Category Fee(s): _____

Penalty: _____

Total: _____

Date Processed: _____

Cash Check MO # _____