

**Alabama Department of Agriculture and Industries  
APPLICATION FOR PROFESSIONAL SERVICES LICENSE  
HORTICULTURE**

Return to:  
DEPARTMENT OF AGRICULTURE & INDUSTRIES  
PESTICIDE MANAGEMENT - PROFESSIONAL SERVICES  
1445 FEDERAL DRIVE  
MONTGOMERY AL 36107-1123  
PHONE: 334-240-7269 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.  
**LICENSE FEE: \$175.00 FOR WORK CERTIFIED TO PERFORM. (FEE COVERS UP TO FOUR CATEGORIES). 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:

Landscape Design (LD)  
Tree Surgery (TS)

Setting of Landscape Plants (SLP)  
Ornamental & Turf Pest Control (OTPS)

NAME OF BUSINESS: \_\_\_\_\_ **!!CALL TO VERIFY NAME IS AVAILABLE!!**  
LOCATION: \_\_\_\_\_ PHONE 1( \_\_\_\_\_ )  
\_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PHONE 2 ( \_\_\_\_\_ )  
\_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ FAX #: ( \_\_\_\_\_ )

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

NAME CHANGE - OLD BUSINESS NAME: \_\_\_\_\_

**LIST CERTIFIED SUPERVISOR(S)** Additional names can be attached for those that passed exams and are certified.

**NOTE: ONLY THE OTPS CATEGORY HAS A COMMERCIAL CERTIFICATION NUMBER AND EXPIRATION DATE.**

LEGAL NAME	D O B	Last 4 SS #	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICANT WILL ENGAGE IN BUSINESS AS:  Sole Owner  Partnership  Corporation\*\*

\*\* Corporation must be filed w/ the Secretary of State. -- must verify company name w/Dept. of Agriculture first.

**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: \_\_\_\_\_

License Fee: \_\_\_\_\_  
Penalty: \_\_\_\_\_  
Total: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Cash  Check  MO  # \_\_\_\_\_