

# Alabama Department of Agriculture and Industries

## APPLICATION FOR PROFESSIONAL SERVICES EXAMINATION(S)

**RETURN TO:** Dept. of Agriculture & Industries  
 Pesticide Management Division  
**CERTIFICATION SECTION**  
 1445 Federal Drive  
 Montgomery AL 36107-1123

*Email or fax to:*  
**cert@agi.alabama.gov**  
**Fax: 334-240-7168**  
**Phone: 334-240-7243**

Date: \_\_\_\_\_  
 Location: Montgomery

I hereby make application for examination in the field(s) of:

1. **HORTICULTURE SUPERVISOR**

\* **Qualifications Required – See note below.**

- a. Landscape Horticulturist -- Landscape Design (LD)
- b. Landscape Planter -- Setting of Landscape Plants (SLP)
- c. Tree Surgery (TS)
- d. Ornamental and Turf Pest Control Supervisor (OTPS)

2. **STRUCTURAL PEST CONTROL (Certified Operator)**

\*\* **Qualifications Required – See note below.**

- a. Household, Institutional and Industrial Pest Control (HPC)
- b. Fumigation Pest Control (FC)
- c. Control and/or Eradication of Wood Destroying Organisms (WDC)

3. **STRUCTURAL PEST CONTROL (Branch Supervisor)**

\*\* **Qualifications Required – See note below.**

- a. Household, Institutional and Industrial Pest Control (HPB)
- b. Fumigation Pest Control (FB)
- c. Control and/or Eradication of Wood Destroying Organisms (WDS)

4. **CUSTODIAL PESTICIDE APPLICATOR**

\*\*\* **Qualification Required – See note below.**

- a. Industrial, Institutional and Health Related Pest Control (IIHC)
- b. Ornamental and Turf Pest Control (OTPC)

5.  a. **RECERTIFICATION EXAM**

*NOTE: \*, \*\*, \*\*\* See Reverse Side for Qualification Requirements.*

**IMPORTANT NOTE:**

**PLEASE READ APPLICATION CAREFULLY.**

IF THE APPLICATION IS NOT COMPLETED FULLY, IT WILL BE RETURNED TO YOU FOR FURTHER INFORMATION. **THIS COULD CAUSE YOU TO MISS THE EXAM DATE!!!**

**EXAM(S) SCHEDULED FOR:**

MARCH JUNE SEPT DEC  
 ON \_\_\_\_\_ DAY, 2018

**NOTE: APPLICATIONS MUST BE SUBMITTED AT LEAST 7 DAYS PRIOR TO THE EXAM DATE.**

**APPLICATION DEADLINE:**

MARCH	JUNE	SEPT	DEC
1 2 3 4 5 6 7 8 9	10 11 12 13 14 15 16 17 18	19 20 21 22 23 24 25 26 27	28 29 30 31

**QUALIFICATION STATEMENT MUST BE SUBMITTED WITH APPLICATION!**

- This is my FIRST time to take an examination in any category.
- I have PREVIOUSLY taken an examination (any category) in AL. Records are on file in the AL Agriculture office. If you have been issued a certification permit number with AL, what is your permit number \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

**SEND NO MONEY NOW, PAY AT EXAM SITE!**

LEGAL NAME \_\_\_\_\_ LAST 4 OF SSN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF FIRM \_\_\_\_\_

FIRM ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_ FIRM PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*This application is for paper-based testing.  
 To apply for computer-based testing on one of  
 our statewide testing sites, please apply at  
<http://apply.adaitesting.com>*

\_\_\_\_\_  
 SIGNATURE

\* **QUALIFICATIONS FOR SUPERVISOR:** Quoting from Regulations Governing Professional Work or Services Pertaining to Entomological Work, Pathological Work, Horticultural and Floricultural Work, and Tree Surgery Work:

Alabama law states that applicants for certification as Supervisor for professional work or services pertaining to Ornamental and Turf Pest Control, Landscape Horticultural and Floricultural Work and Tree Surgery *shall submit a written statement outlining their training and experience* in professional work or services for which examination is requested. **Statement should include employer's name, dates employed and type of work performed. NOTE: IF YOU REFERENCE EDUCATIONAL EXPERIENCE, INCLUDE COPIES OF COURSE WORK!**

\*\* **QUALIFICATIONS FOR CERTIFIED OPERATOR OR BRANCH SUPERVISOR:** Quoting from Regulations Governing Professional Work or Services Pertaining to Entomological Work, Pathological Work, Horticultural and Floricultural Work, and Tree Surgery Work:

Alabama law states that applicants for certification as Certified Operator or Branch Supervisor for professional work or services defined as structural pest control work must have a knowledge of the practical and scientific facts underlying the practice of structural pest control and the necessary knowledge and ability to recognize and control those hazardous conditions, which may affect human life and health. Applicants for certification as Certified Operator or Branch Supervisor for structural pest control shall be duly permitted to take the examinations for the various subcategories of structural pest control and *shall submit to the Commissioner evidence of qualifications*, which shall include as minimum qualifications one (1) or more years of working experience as an employee or owner-operator in the field of structural pest control for which certification is applied for; or a college degree, which includes instructions in Entomology satisfactorily completed; or one (1) or more years training or equivalent training in structural pest control work under educational institutional supervision may be substituted for one (1) of actual working experience. **Qualification statement should be on employer's letterhead and be signed by owner or office manager. Include dates employed and type of work performed.**

\*\*\* **CUSTODIAL PESTICIDE APPLICATOR:** Quoting from Regulations Governing the Sale, Offering for Sale, Classification, Use, Transportation, and Distribution of Pesticides in Alabama.

Custodial Pesticide Applicator means a commercial applicator who uses or supervises the use of restricted use pesticides for purposes other than production of an agricultural commodity on property owned, leased, or otherwise in control of another person as part of his permanent salaried employment for the owner, lessor, or person in control of the property. NOTE: This classification is for permanent salaried persons working for golf courses, apartment complexes, municipalities, food distribution centers, etc.

Applicants shall *submit a written statement outlining their training and experience* in professional work or services for which examination is requested. **Statement should include employer's name, dates employed and type of work performed.**

- Examinations are held on the third Tuesday in March, June, September, and December.
- Applicants must submit applications to this office at least seven days prior to an examination date. Applications received after this date will be considered for the next examination date.
- Applicants will be notified of acceptance or rejection of application prior to the date of examination.