



John McMillan
Commissioner

STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
Pesticide Management - Certification Unit

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(334) 240-7240 • 1-800-642-7761, Ext. 7240



**REQUEST FOR CHANGE OF INFORMATION
FOR PESTICIDE APPLICATOR LICENSE**

Complete your name and permit information plus other sections as needed to update your file.

Legal Name: _____
Last First Middle Suffix

Permit Type: Private Commercial Custom Professional Permit # _____

Date of Birth: _____ Last 4 digits of SSN: _____

Home Email Address: _____

Business Email Address: _____

Home Address: _____ Home Phone: _____

_____ Home Phone 2: _____

_____ Home Fax: _____

Mailing Address: _____ Cell Phone: _____

_____ Pager/Beeper: _____

_____ Business Phone: _____

_____ Business Headquarters Phone: _____

Business Name & _____

Address: _____ Business Fax: _____

_____ Other Phone/Fax: _____

_____ Description: _____

(Include area code with all phone numbers)

I AM REQUESTING AN IMMEDIATE CHANGE TO THE INFORMATION LISTED ABOVE FOR PESTICIDE APPLICATOR LICENSE FILE.

Signature: _____ Date: _____

*****MUST BE SIGNED AND DATED*****