



State of ALABAMA

DEPARTMENT OF AGRICULTURE AND INDUSTRIES
Pesticide Management Division

1445 Federal Drive • Montgomery, Alabama 36107-1123
(334) 240-7243 • 1-800-642-7761, Ext. 7243



John McMillan
Commissioner

**REQUEST FOR REPLACEMENT
PRIVATE APPLICATOR PERMIT**

I hereby apply for a replacement Private Applicator permit to purchase and use restricted use pesticides pursuant to Chapter 27, Title 2, Code of Alabama (1975) and Chapter 80-1-13, Alabama Administrative Code. I understand and will comply with the provisions of the above statutes and rules, as well as product label instructions. **Further, I understand that any violation of the statutes, rules, or label instructions constitutes grounds for suspension or revocation of permit, and other penalties.**

PLEASE PRINT

_____		_____	
<i>Last name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>XXX-XX- Last 4 of SSN</i>
_____		_____	
<i>Home Address</i>	<i>County</i>	<i>Date of Birth</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>() Telephone Number</i>

➤ **Mailing address:** { } **Same as above OR as follows:**

_____		_____		_____		_____	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>				

- **Along with this application**, you must include a **\$5.00 check or money order** payable to the Alabama Department of Agriculture and Industries.
- **MAIL TO:** Department of Agriculture and Industries
Pesticide Management
Certification Unit ~ Private
1445 Federal Drive
Montgomery, AL 36107-1123

I understand that this permit is valid only for purchasing, using, or supervising the use of restricted use pesticide(s) on property owned/leased/controlled by me or by a full-time employee for the purpose of producing agricultural commodities. My signature is to attest that I have read and understand the rules and regulations of a private applicator.

Signature of Applicant _____ Date _____

-----FOR ADAI OFFICE USE ONLY-----

Permit Number	Reissue Date _____
	CK/MO # _____ Amt Paid \$ _____