



State of ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
 Pesticide Management Division



1445 Federal Drive • Montgomery, Alabama 36107-1123
 (334) 240-7240 • 1-800-642-7761, Ext. 7240

Rick Pate
 Commissioner

**REQUEST FOR REPLACEMENT
 COMMERCIAL APPLICATOR PERMIT**

I hereby apply for a replacement of my Commercial Pesticide Applicator Permit to purchase and 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>	<u>XXX-XX-</u> <i>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>
<i>Email Address</i>		<i>Permit Number</i>	

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

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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➤ **Along with this application,** you must include a **\$10.00 check or money order** payable to the Alabama Department of Agriculture and Industries.

➤ **MAIL TO:** Department of Agriculture and Industries
 Pesticide Management
 Certification Unit ~ Commercial
 1445 Federal Drive
 Montgomery, AL 36107-1123

Signature of Applicant _____ *Date* _____

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

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Permit Number</div>	Reissue Date _____ CK/MO # _____ Amt Paid \$ _____
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