



Rick Pate
Commissioner

STATE OF ALABAMA

DEPARTMENT OF AGRICULTURE AND INDUSTRIES

Pesticide Management - Professional Services

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REQUEST FOR CHANGE OF INFORMATION FOR PROFESSIONAL SERVICES OPERATORS

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

License Type:

Horticultural: SLP LD OTPS TS - Current or Most Recent license #PS-H- _____

Structural Main: HPC WDO FUM - Current or Most Recent license #PS-M- _____

 Branch office: HPC WDO FUM - Current or Most Recent license #PS-B- _____

 Sub-office: HPC WDO FUM - Current or Most Recent license #PS-S- _____

Previous or Old Information: Please enter your previous firm name and then only the information to be changed.

Licensee (Firm Name): _____ **DBA** _____

Phy. Address _____ City: _____ State: _____ Zip: _____

Mail Address: _____ City: _____ State: _____ Zip: _____

County of Location: _____ Office Phone: () - Cell Phone: () -

Fax #: () - E-Mail: _____

Remove Name of Certified Person # 1: _____ Last 4 digits of SSN: _____

Last Name First Middle Suffix

Certification. #: _____ Certified Category(s): _____ Expiration date: ____ / ____ / ____

Remove Name of Certified Person # 2: _____ Last 4 digits of SSN: _____

Last Name First Middle Suffix

Certification. #: _____ Certified Category(s): _____ Expiration date: ____ / ____ / ____

Categories to be **deleted** from License: **Horticultural:** SLP LD OTPS TS. **Structural:** HPC WDO FUM

Please complete all of the following Firm information and other information as needed in order to update your license.

Licensee (Firm Name): _____ **DBA** _____

Phy. Address _____ City: _____ State: _____ Zip: _____

Mail Address: _____ City: _____ State: _____ Zip: _____

County of Location: _____ Office Phone: () - Cell Phone: () -

Fax #: () - E-Mail: _____

Add Name of Certified Person # 1: _____ Last 4 digits of SSN: _____

Last Name First Middle Suffix

Certification. #: _____ Certified Category(s): _____ Expiration date: ____ / ____ / ____

Add Name of Certified Person # 2: _____ Last 4 digits of SSN: _____

Last Name First Middle Suffix

Certification. #: _____ Certified Category(s): _____ Expiration date: ____ / ____ / ____

Categories to be **added** to License: **Horticultural** SLP LD OTPS TS. **Structural:** HPC WDO FUM

Categories added to a Professional Services License **must** be supported by proper Certification, and an application and additional fees where applicable.

By signing this form I am requesting an immediate change to the information listed above for this Licensee's Professional Services License. I certify that all of the above listed information is true and correct to the best of my knowledge. I also certify that I have the authority to make the above requested changes.

Name of Person Requesting Changes: _____ Last 4 digits of SSN: _____

Last Name First Middle Suffix

Title of Person Requesting Changes: _____

Signature: _____ Date: _____

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

www.agi.alabama.gov

"We provide employment & services without discrimination."