

Alabama Department of Agriculture and Industries
APPLICATION FOR CUSTOM PESTICIDE APPLICATORS LICENSE

RETURN TO:

PESTICIDE MANAGEMENT SECTION
DEPARTMENT OF AGRICULTURE & INDUSTRIES
1445 FEDERAL DRIVE
MONTGOMERY, AL 36107
PH: (334) 240-7286 FAX: (334) 240-7168

DATE _____
COUNTY _____

APPLICATION IS HEREBY MADE TO THE ALABAMA COMMISSIONER OF AGRICULTURE AND INDUSTRIES FOR A LICENSE TO ENGAGE IN THE CUSTOM APPLICATION OF PESTICIDES. LICENSE IS GOOD FOR ONE (1) YEAR ONLY, JANUARY 1 THROUGH DECEMBER 31.

APPLICATION BY _____ LOCATED
(FIRM NAME)

AT _____
(STREET ADDRESS OR RURAL ROUTE) (MAILING ADDRESS, IF DIFFERENT)

(CITY) (STATE) (ZIP)

PHONE NUMBER _____ (LIST ANY OTHER OPERATING LOCATIONS/PHONE NUMBERS ON A SEPARATE SHEET)

E-MAIL ADDRESS: _____

THIS FIRM WILL CUSTOM APPLY PESTICIDES BY:

- ___ AIRCRAFT - PROVIDE FAA PART 137 CERTIFICATE NO. _____
- ___ ATTACH A COPY OF 137 EXEMPTION AND A COPY OF YOUR PILOT CERTIFICATION
- ___ GROUND EQUIPMENT

CERTIFIED SUPERVISOR(S) WHO WILL BE RESPONSIBLE FOR ALL CUSTOM PESTICIDE APPLICATION ACTIVITIES OF THIS FIRM IS

_____ CERTIFICATION PERMIT NUMBER: _____
(NAME)

CATEGORY (IES): _____

(STREET ADDRESS) (CITY) (STATE) (ZIP) (HOME PHONE)

ALL EQUIPMENT OPERATED BY THIS FIRM IS DESCRIBED ON BACK OF THIS FORM AND A LICENSE FEE REMITTANCE OF \$_____ BASED ON THE SCHEDULE GIVEN ON THE REVERSE SIDE OF THIS FORM IS ATTACHED. MAKE CHECK PAYABLE TO THE ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES.

SIGNED: _____
APPLICANT'S AUTHORIZED REPRESENTATIVE

TITLE: _____

DESCRIPTION OF EQUIPMENT USED BY APPLICANT

AIRCRAFT

	Unit 1	Unit 2	Unit 3	Unit 4
Fixed (Fix) or Rotor (RO)				
Make				
Model				
“N” Number				

GROUND EQUIPMENT

	Unit 1	Unit 2	Unit 3	Unit 4
Make				
Model				
Type				

	Unit 5	Unit 6	Unit 7	Unit 8
Make				
Model				
Type				

Use additional sheets, if necessary, to list all equipment used by applicant.

Licensing fee for ground or aerial applicators is \$100.00.

Renewal date for Custom Applicators Licenses is January 1st of each year. Renewals must be received post marked on or before February 15th in order to avoid a 10% penalty.

Make your check or money order payable to: **Alabama Department of Agriculture & Industries.**

*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****

PERMIT NUMBER: P/M _____

PERMIT FEE: _____

PENALTY: _____

TOTAL: _____

DATE PROCESSED: _____

CASH **CHECK** #