

State of Alabama Department of Agriculture & Industries
Pesticide Management Section
1445 Federal Drive
Montgomery, AL 36107
Telephone: (334) 240-7286 Fax: (334) 240-7168

**REQUEST FOR CHANGE OF INFORMATION
FOR CUSTOM PESTICIDE APPLICATORS**

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

Permit Type: CUSTOM:	Check Categories listed on Current or Most Recent Permit		
Current or Most Recent permit # P/M- _____	Agricultural Animal Pest Control (AA)..... <input type="checkbox"/>	Demonstration & Research (D&R)..... <input type="checkbox"/>	Right-of-Way Pest Control (ROW)..... <input type="checkbox"/>
	Agricultural Plant Pest Control (AP)..... <input type="checkbox"/>	Forest Pest Control (FOR)..... <input type="checkbox"/>	Seed Treatment (ST)..... <input type="checkbox"/>
	Aerial Equipment (AIR)..... <input type="checkbox"/>	Public Health Pest Control (PH)..... <input type="checkbox"/>	Wood Treatment (WT)..... <input type="checkbox"/>
	Ground Equipment (GRD)..... <input type="checkbox"/>	Metam Sewer (MS)..... <input type="checkbox"/>	Ag. Commodity Fumigation (ACF)..... <input type="checkbox"/>
	Aquatic Pest Control (AQ)..... <input type="checkbox"/>	Regulatory (REG)..... <input type="checkbox"/>	

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

Permittee (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 Permit: AA AP AIR GRD AQ D&R FOR

PH MS REG ROW ST WT ACF

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

Permittee (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 Permit: AA AP AIR GRD AQ D&R FOR

PH MS REG ROW ST WT ACF

Categories added to Custom Applicator Permit **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 Permittee's Custom Applicator Permit. 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*****