



STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
Pesticide Management - Professional Services



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

Rick Pate
 Commissioner

APPLICATION FOR PRIVATE APPLICATOR PERMIT

I hereby apply for a permit as a Private Applicator 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.**

➤ Check one: { } **New Application** { } **Renewal Application**

PLEASE PRINT

Last name	First Name	Middle Name	SSN (last 4 digits)
Home Address		County	Date of Birth
		()	
City	State	Zip Code	Telephone Number

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

Street Address	City	State	Zip
Email Address:			

➤ **Along with this application**, you must submit the **passed-exam slip** provided by your local county extension office and a **check or money order** payable to the Alabama Department of Agriculture and Industries for **\$25**. (If you completed **online training**, send **only** your completed application and your certificate of completion. You may send via U.S. mail to address below or email to cert@agi.alabama.gov.)

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

*Attach your
 passed-exam
 slip here.*

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	Issue Date _____	Test Score _____
	CK/MO # _____	Amt Paid \$ _____

Form updated 6/24/2014