



State of ALABAMA  
**DEPARTMENT OF AGRICULTURE AND INDUSTRIES**  
 Pesticide Management Division



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

**Rick Pate**  
 Commissioner

**REQUEST FOR REPLACEMENT  
 PRIVATE APPLICATOR PERMIT**

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

**PLEASE PRINT**

Last name	First Name	Middle Name	XXX-XX- Last 4 of SSN
Home Address	County		Date of Birth
City	State	Zip Code	(____)____ Telephone Number
Email Address			Permit Number

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

Street Address	City	State	Zip
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➤ **Along with this application**, you must include a **\$5.00 check or money order** payable to the Alabama Department of Agriculture and Industries.

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

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**-----

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