

**Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES LICENSE
HORTICULTURE**

Return to:
DEPARTMENT OF AGRICULTURE & INDUSTRIES
PESTICIDE MANAGEMENT - PROFESSIONAL SERVICES
1445 FEDERAL DRIVE
MONTGOMERY AL 36107-1123
PHONE: 334-240-7269 FAX: 334-240-7316

Date: _____

County: _____

AGI.ALABAMA.GOV

ATTENTION: Application for Professional Services License as required under provisions of Chapter 28, title 2, Code of Alabama (1975) as amended.
LICENSE FEE: \$175.00 FOR WORK CERTIFIED TO PERFORM. (FEE COVERS UP TO FOUR CATEGORIES). A \$50.00 DELINQUENT PENALTY WILL BE APPLIED IF APPLICATION IS NOT RECEIVED BY NOVEMBER 6. (PENALTY does not apply to NEW BUSINESS.) EXISTING BUSINESSES REAPPLYING FOR A LICENSE MAY BE SUBJECT TO CIVIL PENALTY PROVISIONS UP TO \$3000.00 FOR PERFORMING OR SOLICITING PROFESSIONAL SERVICES WORK WITHOUT A LICENSE.

IF APPLICATION IS SUBMITTED WITH OTHER LICENSE FEES, PLEASE **SUBMIT SEPARATE CHECKS.** CHECK CERTIFIED CATEGORY(IES) BELOW:

Landscape Design (LD)
Tree Surgery (TS)

Setting of Landscape Plants (SLP)
Ornamental & Turf Pest Control (OTPS)

NAME OF BUSINESS: _____ **!!CALL TO VERIFY NAME IS AVAILABLE!!**
LOCATION: _____ PHONE 1(_____)
_____ ZIP CODE: _____
MAILING ADDRESS: _____ PHONE 2 (_____)
_____ ZIP CODE: _____
E-MAIL ADDRESS: _____ FAX #: (_____)

NEW BUSINESS ADD-ON CATEGORY to License # _____ RENEWAL OUT OF BUSINESS BUY OUT

NAME CHANGE - OLD BUSINESS NAME: _____

LIST CERTIFIED SUPERVISOR(S) Additional names can be attached for those that passed exams and are certified.

NOTE: ONLY THE OTPS CATEGORY HAS A COMMERCIAL CERTIFICATION NUMBER AND EXPIRATION DATE.

LEGAL NAME	D O B	Last 4 SS #	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICANT WILL ENGAGE IN BUSINESS AS: Sole Owner Partnership Corporation**

** Corporation must be filed w/ the Secretary of State. -- must verify company name w/Dept. of Agriculture first.

SIGNATURE: _____ **TITLE:** _____

APPLICATION MUST BE SIGNED. PLEASE MAKE CHECK PAYABLE TO THE ALABAMA DEPT OF AGRICULTURE

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

LICENSE NUMBER: _____

License Fee: _____
Penalty: _____
Total: _____
Date Processed: _____
Cash Check MO # _____