Print Form

Alabama Department of Agriculture and Industries

APPLICATION FOR PROFESSIONAL SERVICES PERMIT

STRUCTURAL PEST CONTROL

BRANCH OFFICE

Return to:

DEPARTMENT OF AGRICULTURE & INDUSTRIES
PESTICIDE MANAGEMENT - PROFESSIONAL SERVICES
1445 FEDERAL DRIVE
MONTGOMERY AL 36107-1123
PHONE: 334-240-7261 FAX: 334-240-7316

Date: _____

County: _____

ATTENTION: Application for Professional Services Permit as required under provisions of Chapter 28, Title 2, Code of Alabama (1975) as amended.

PERMIT FEE: $75.00 PLUS $100.00 FOR EACH CATEGORY OF WORK CERTIFIED TO PERFORM.. A $50.00 DELINQUENT PENALTY IS REQUIRED IF APPLICATION IS NOT POSTMARKED BEFORE NOVEMBER 1. (PENALTY does not apply to NEW BUSINESS.) EXISTING BUSINESSES REAPPLYING FOR A PERMIT MAY BE SUBJECT TO CIVIL PENALTY PROVISIONS UP TO $3000.00 FOR PERFORMING OR SOLICITING PROFESSIONAL SERVICES WORK WITHOUT A PERMIT IF THE APPLICATION IS NOT POSTMARKED BEFORE JANUARY 1.

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

☐ Household, institutional & industrial Pest Control (HPB) ☐ Fumigation Pest Control (FC)

☐ Control and/or Eradication of Wood Destroying Organisms (WDS)

NAME OF BUSINESS: _____

BRANCH LOCATION: _____ PHONE: ( ) _____

_____ ZIP CODE: _____

MAILING ADDRESS: _____ FAX #: ( ) _____

_____ ZIP CODE: _____

EMAIL ADDRESS: _____

MAIN OFFICE LOCATION: _____ PHONE: ( ) _____

ZIP CODE: _____

☐ NEW BUSINESS ☐ ADD-ON CATEGORY to Permit # PS-B- _____ ☐ RENEWAL ☐ OUT OF BUSINESS ☐ BUY OUT

☐ NAME CHANGE - OLD BUSINESS NAME: _____ ☐ New Address

LIST CERTIFIED SUPERVISOR(S) Additional names can be attached for those that passed exams and are certified. No additional fees are required. The Certified Operator is responsible for work performed by permittee.

LEGAL NAME	SS NUMBER	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE

INSURANCE **(HPC/WDC/FC)** BOND FOR **WDC** ONLY!

INSURANCE EXPIRATION DATE: _____

SURETY BOND EXPIRATION DATE: _____

THIS INFORMATION APPLIES TO NEW & EXISTING BUSINESSES
(IF *HPC/FC/WDC*, attach copy of CERTIFICATE OF INSURANCE. IF *WDC ATTACH AN ORIGINAL SURETY BOND* and copy of CONTRACTS.

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**********

PERMIT NUMBER: PS-B- _____

AGRICULTURE OFFICE STAFF USE:

Contract(s) Approved: Yes ☐ No ☐

Insurance Up-to-date: Yes ☐ No ☐

Bond Received: Yes ☐ No ☐

Permit Fee: _____

Category Fee(s): _____

Penalty: _____

Total: _____

Date Processed: _____

Cash ☐ Check ☐ MO ☐ # _____