

# Alabama Department of Agriculture and Industries APPLICATION FOR PROFESSIONAL SERVICES PERMIT STRUCTURAL PEST CONTROL SUB-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: \$50.00 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 (HPC)       Fumigation Pest Control (FC)
- Control and/or Eradication of Wood Destroying Organisms (WDC)

NAME OF BUSINESS: \_\_\_\_\_

\*\*\*SUB-OFFICE LOCATION: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SUPERVISING OFFICE LOCATION: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

SUPERVISING OFFICE LOCATION: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\*\*\*NOTE: A Sub-Office must have less than three (3) employees and must not be more than 100 road miles from either a Branch Office or Main Office of the firm.

- NEW BUSINESS     ADD-ON CATEGORY to Permit # PS-S-\_\_\_\_\_     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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SEE MAIN OFFICE APPLICATION FOR INSURANCE AND/OR BOND INFORMATION**

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

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-S- \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Category Fee(s): \_\_\_\_\_

Penalty: Total: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Cash  Check  MO  # \_\_\_\_\_