Print Form

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: 334-240-7168

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: ( ) _____
_____ ZIP CODE: _____

MAILING ADDRESS: _____ FAX #: ( ) _____
_____ ZIP CODE: _____

EMAIL ADDRESS: _____

SUPERVISING OFFICE LOCATION: _____ PHONE: ( ) _____
_____ 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-M-_____ ☐ 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. 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* *
*** * 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********************************

PERMIT NUMBER: PS-S-_____

Permit Fee: _____
Category Fee(s): _____
Penalty: _____
Total: _____
Date Processed: _____
Cash ☐ Check ☐ MO ☐ # _____