



APPLICATION FOR A RESTRICTED USE DEALER'S LICENSE

ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES

PESTICIDE MANAGEMENT SECTION

1445 FEDERAL DRIVE, MONTGOMERY, ALABAMA 36107



Application is hereby made to the Commissioner of Agriculture & Industries of the State of Alabama for a Restricted Dealer's License to market and/or distribute pesticide designated by the Commissioner to be Restricted Use Pesticides.

APPLICATION TYPE: NEW BUSINESS _____ BUSINESS RENEWAL _____

Application submitted by Firm Name _____ Store Number _____

Firm Street Address _____

Firm Mailing Address _____

Firm telephone number _____ County _____

The person who shall be responsible for maintaining proper records must be certified.

Certified Person _____ Date Dealer Exam was taken _____

Business owned by Parent Company _____

Parent Company Street Address _____

Parent Company Mailing Address _____

Parent Company Point of Contact _____ Telephone Number _____

Business E-mail Address _____

Alternate Certified Person _____ Date Dealer Exam was taken _____

NOTE: A Dealer who markets and/or distributes restricted use pesticides shall pay a fee \$45.00 per year. License period is January 1 through December 31, and must be renewed annually. A penalty of 10% is due after February 15. **MAKE CHECK PAYABLE TO THE ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES.**

It is understood and hereby agreed that should this license be issued, applicants shall abide by the requirements of Section 2-27-1 through 2-27-16, Code of Alabama (1975) and all rules and regulations promulgated there under relating to the storing, transporting, advertising and marketing of Restricted Use Pesticides. It is further understood and agreed that applicant shall cause to be faithfully kept and maintained such records and books prescribed by the Commissioner and shall present such records and books for the review and examination by the Commissioner or his authorized representative during normal business hours.

Applicant's Authorized Representative Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Dealer License number _____

License Fee _____

Delinquent Penalty _____

Total _____

Check No. _____

Date _____