

**Alabama Department of Agriculture and Industries  
APPLICATION FOR PROFESSIONAL SERVICES LICENSE  
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 License as required under provisions of Chapter 28, Title 2, Code of Alabama (1975) as amended.**  
**LICENSE FEE: \$75.00 PLUS \$100.00 FOR EACH CATEGORY OF WORK CERTIFIED TO PERFORM. PER Chapter 80-10-9, Code of Alabama, ALL PROFESSIONAL SERVICES COMPANIES IN OPERATION ARE REQUIRED TO CONTINUOUSLY MAINTAIN A PROFESSIONAL SERVICES LICENSE AND ARE CONSIDERED DELINQUENT AS OF OCTOBER 1. ADDITIONAL CIVIL PENALTIES OF UP TO \$3,000.00 CAN & WILL BE APPLIED.**

APPLICATION MUST BE **SIGNED** AT BOTTOM. PLEASE MAKE CHECK(S) PAYABLE TO ALABAMA DEPT OF AGRICULTURE.

**CHECK CERTIFIED CATEGORY RELATED TO YOUR BUSINESS:**

- Household, institutional & industrial Pest Control (HPC)  Fumigation Pest Control (FC)  
 Control and/or Eradication of Wood Destroying Organisms (WDC)

BUSINESS NAME: \_\_\_\_\_ (NEW BUSINESS: CALL TO VERIFY NAME AVAILABILITY)

PHONE #: \_\_\_\_\_

PHYSICAL BRANCH OFFICE LOCATION: \_\_\_\_\_

FAX #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CHECK BOX IF COMPANY ADDRESS INFO HAS CHANGED SINCE PREVIOUS RENEWAL

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

MAIN OFFICE LOCATION: \_\_\_\_\_

- NEW BUSINESS  ADD-ON CATEGORY to license # \_\_\_\_\_  RENEWAL  
 NAME CHANGE: \_\_\_\_\_  
 OUT OF BUSINESS (SEE ATTACHED FACT SHEET FOR CONDITIONS ASSOCIATED WITH DECLARING YOUR COMPANY OUT OF BUSINESS)

**LIST CERTIFIED PERSONNEL FOR YOUR BUSINESS** 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 licensee.

CHECK BOX IF CERTIFIED OPERATOR HAS CHANGED SINCE PREVIOUS RENEWAL

| LEGAL NAME | DOB   | LAST 4 SS # | COMMERCIAL CERTIFICATION # | CERTIFICATION CATEGORY/IES | EXPIRATION DATE |
|------------|-------|-------------|----------------------------|----------------------------|-----------------|
| _____      | _____ | _____       | _____                      | _____                      | _____           |
| _____      | _____ | _____       | _____                      | _____                      | _____           |

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE\*\*\*\*\***

LICENSE NUMBER: \_\_\_\_\_  
 DATE PROCESSED: \_\_\_\_\_  
 CHECK  MO  # \_\_\_\_\_

LICENSE FEE: \_\_\_\_\_  
 CATEGORY FEE(S): \_\_\_\_\_  
 PENALTY: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_