Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES LICENSE
HORTICULTURE

Return to:
DEPARTMENT OF AGRICULTURE & INDUSTRIES
PESTICIDE MANAGEMENT • PROFESSIONAL SERVICES
1445 FEDERAL DRIVE
MONTGOMERY AL 36107-1123
PHONE: 334-240-7269 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: $175.00 FOR 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:
☐ Landscape Design (LD)
☐ Tree Surgery (TS)
☐ Setting of Landscape Plants (SLP)
☐ Ornamental and Turf Pest Control (OTPS)

BUSINESS NAME: _____ (NEW BUSINESS: CALL TO VERIFY NAME AVAILABILITY)
PHONE #: _____
PHYSICAL OFFICE LOCATION: _____
FAX #: _____
MAILING ADDRESS: _____
☐ **CHECK BOX IF COMPANY ADDRESS INFO HAS CHANGED SINCE PREVIOUS RENEWAL**
EMAIL ADDRESS: _____

☐ 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 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 licensee.

*****NOTE: Only OTPS certification category will have a commercial certification number and expiration date**

☐ **CHECK BOX IF THE COMPANY 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*******

DATE PROCESSED: _____
CHECK ☐ MO ☐ #_____
LICENSE NUMBER: _____

LICENSE FEE: _____
PENALTY: _____
TOTAL: _____