

Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES LICENSE
STRUCTURAL PEST CONTROL
MAIN 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:

AGI.ALABAMA.GOV

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 PLUS \$100.00 FOR EACH CATEGORY OF WORK CERTIFIED TO PERFORM.. A \$50.00 DELINQUENT PENALTY WILL BE APPLIED IF APPLICATION IS NOT RECEIVED BY NOVEMBER 6. (PENALTY does not apply to NEW BUSINESS.) EXISTING BUSINESSES REAPPLYING FOR A LICENSE MAY BE SUBJECT TO CIVIL PENALTY PROVISIONS UP TO \$3000.00 FOR PERFORMING OR SOLICITING PROFESSIONAL SERVICES WORK WITHOUT A LICENSE.

IF APPLICATION IS SUBMITTED WITH OTHER LICENSE 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:
LOCATION:
MAILING ADDRESS:
E-MAIL ADDRESS:
PHONE:
ZIP CODE:
!!CALL TO VERIFY NAME IS AVAILABLE!!

- NEW BUSINESS
ADD-ON CATEGORY to License #
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 licensee.

Table with 6 columns: LEGAL NAME, DOB, LAST 4 SS #, COMMERCIAL CERTIFICATION #, CERTIFICATION CATEGORY, EXPIRATION DATE

INSURANCE (HPC/WDC/FC) BOND FOR WDC ONLY!
INSURANCE EXPIRATION DATE:
SURETY BOND EXPIRATION DATE:

\*\*\*THIS INFORMATION APPLIES TO NEW & EXISTING BUSINESSES\*\*\*
(IF HPC/FC/WDC, attach copy of CERTIFICATE OF INSURANCE. IF WDC ATTACH AN ORIGINAL SURETY BOND and copy of CONTRACTS.

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 \*\*\*\*\*

LICENSE NUMBER:

AGRICULTURE OFFICE STAFF USE:
Contract(s) Approved: Yes No
Insurance Up-to-date: Yes No
Bond Received: Yes No

License Fee:
Category Fee(s):
Penalty:
Total:
Date Processed:
Cash Check MO #