

**Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES LICENSE
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: 334-240-7316

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: \$50.00 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 SUB-OFFICE LOCATION: _____

FAX #: _____

MAILING ADDRESS: _____

CHECK BOX IF COMPANY ADDRESS INFO HAS CHANGED SINCE PREVIOUS RENEWAL

EMAIL ADDRESS: _____

MAIN OFFICE LOCATION: _____

***NOTE: A Sub-Office must have less than three (3) employees & must not be more than 100 road miles from either a Branch or Main Office of the firm.

- 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 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*****

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

LICENSE FEE: _____
 CATEGORY FEE(S): _____
 PENALTY: _____
 TOTAL: _____