

ALABAMA DEPARTMENT OF AGRICULTURE & INDUSTRIES

APPLICATION FOR PRIVATE APPLICATOR PERMIT

I hereby apply for a permit as a Private Applicator to purchase and use restricted-use pesticides pursuant to Chapter 27, Title 2, Code of Alabama (1975) and Chapter 80-1-13, Alabama Administrative Code. I understand and will comply with the provisions of the above statutes and rules, as well as product label instructions. Further, I understand that any violation of the statutes, rules, or label instructions constitutes grounds for suspension or revocation of permit, and other penalties.

PLEASE PRINT

Check one: { } New Application { } Renewal Application

Form fields for personal information: Last name, First Name, Middle Name, SSN (last 4 digits), Home Address, City, Date of Birth, County, State, Zip Code, Telephone Number.

Mailing address: { } Same as above OR as follows:

Form fields for mailing address: Street Address, City, State, Zip, Email Address.

Along with this application, you must submit a check or money order payable to the Alabama Department of Agriculture and Industries for \$25. (If you completed online training, send only your completed application and your certificate of completion. You may send via U.S. mail to address below or email to cert@agi.alabama.gov.)

MAIL TO: Department of Agriculture and Industries, Pesticide Management ~ Private Applicator, 1445 Federal Drive, Montgomery, AL 36107-1123

I understand that this permit is valid only for purchasing, using, or supervising the use of restricted use pesticide(s) on property owned/leased/controlled by me or by a full-time employee for the purpose of producing agricultural commodities. My signature is to attest that I have read and understand the rules and regulations of a private applicator.

Signature of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

THIS SECTION TO BE COMPLETED ONLY BY EXTENSION AGENT/PROCTOR (for in-person testing only)

This confirms that (print name) _____ has passed the Pesticide Applicator training with a score of _____. ***NOT VALID WITHOUT OFFICIAL ACES STAMP**

Test proctor (print name): _____ Proctor signature: _____

THIS SECTION FOR ADAI OFFICE USE ONLY

Permit Number

Issue Date _____

CK/MO # _____ Amt Paid \$ _____