

Alabama Department of Agriculture and Industries
PROFESSIONAL SERVICES LICENSE
OUT OF BUSINESS STATEMENT

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: _____

THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED TO THE ALABAMA DEPARTMENT OF AGRICULTURE. YOU MUST TURN THIS FORM IN FOR THE DEPARTMENT TO CONSIDER YOUR COMPANY OUT OF BUSINESS AND TO AVOID ANY PENALTIES.

BUSINESS NAME: _____

PHONE #: _____

PHYSICAL OFFICE LOCATION: _____

FAX #: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

LIST CERTIFIED SUPERVISOR(S)

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

OUT OF BUSINESS DECLARATION:

I, _____, and my company _____, declare that we are no longer in business. We request this affidavit be accepted as formal notification that we have ceased operations and have not performed any work since the following date _____.

We understand that by declaring we are out of business, we forfeit the right to the company name and any similar names for at least one year unless all fees and penalties are paid in full, and the name has not been taken by another company.

We acknowledge that providing false information is considered perjury and subject to legal penalties. The waiver of any penalties is at the discretion of the case review officer upon receipt of this affidavit. The Alabama Department of Agriculture will monitor compliance.

SIGNATURE: _____ TITLE: _____