



John McMillan  
Commissioner

STATE OF ALABAMA  
DEPARTMENT OF AGRICULTURE AND INDUSTRIES  
Pesticide Management - Certification Unit

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**REQUEST FOR CHANGE OF INFORMATION  
FOR PESTICIDE APPLICATOR LICENSE**

Complete your name and permit information plus other sections as needed to update your file.

Legal Name: \_\_\_\_\_  
Last First Middle Suffix

Permit Type:  Private  Commercial  Custom  Professional

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone 2: \_\_\_\_\_

\_\_\_\_\_ Home Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Pager/Beeper: \_\_\_\_\_

\_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Business Headquarters Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Business Fax: \_\_\_\_\_

\_\_\_\_\_ Other Phone/Fax: \_\_\_\_\_

\_\_\_\_\_ Description: \_\_\_\_\_

(Include area code with all phone numbers)

I AM REQUESTING AN IMMEDIATE CHANGE TO THE INFORMATION LISTED ABOVE FOR PESTICIDE APPLICATOR LICENSE FILE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*MUST BE SIGNED AND DATED\*\*\*\*\*