



John McMillan
Commissioner

STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
Pesticide Management - Professional Services

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**REQUEST FOR CHANGE OF INFORMATION
FOR PROFESSIONAL SERVICES OPERATORS**

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

Permit Type:

Horticultural: SLP LD OTPS TS - Current or Most Recent permit #PS-H-
Structural Main: HPC WDO FUM - Current or Most Recent permit #PS-M-
Branch office: HPC WDO FUM - Current or Most Recent permit #PS-B-
Sub-office: HPC WDO FUM - Current or Most Recent permit #PS-S-

Previous or Old Information: Please enter your previous firm name and then only the information to be changed.

Permittee (Firm Name): _____ DBA _____
Phy. Address _____ City: _____ State: _____ Zip: _____
Mail Address: _____ City: _____ State: _____ Zip: _____
County of Location: _____ Office Phone: () - Cell Phone: () -
Fax #: () - E-Mail: _____

Remove Name of Certified Person # 1: _____ Last 4 digits of SSN: _____
Last Name First Middle Suffix
Certification. #: _____ Certified Category(s): _____ Expiration date: / /

Remove Name of Certified Person # 2: _____ Last 4 digits of SSN: _____
Last Name First Middle Suffix
Certification. #: _____ Certified Category(s): _____ Expiration date: / /

Categories to be **deleted** from Permit: **Horticultural:** SLP LD OTPS TS. **Structural:** HPC WDO FUM

Please complete all of the following Firm information and other information as needed in order to update your permit.

Permittee (Firm Name): _____ DBA _____
Phy. Address _____ City: _____ State: _____ Zip: _____
Mail Address: _____ City: _____ State: _____ Zip: _____
County of Location: _____ Office Phone: () - Cell Phone: () -
Fax #: () - E-Mail: _____

Add Name of Certified Person # 1: _____ Last 4 digits of SSN: _____
Last Name First Middle Suffix
Certification. #: _____ Certified Category(s): _____ Expiration date: / /

Add Name of Certified Person # 2: _____ Last 4 digits of SSN: _____
Last Name First Middle Suffix
Certification. #: _____ Certified Category(s): _____ Expiration date: / /

Categories to be **added** to Permit: **Horticultural:** SLP LD OTPS TS. **Structural:** HPC WDO FUM

Categories added to a Professional Services Permit **must** be supported by proper Certification, and an application and additional fees where applicable.

By signing this form I am requesting an immediate change to the information listed above for this Permittee's Professional Services Permit. I certify that all of the above listed information is true and correct to the best of my knowledge. I also certify that I have the authority to make the above requested changes.

Name of Person Requesting Changes: _____ Last 4 digits of SSN: _____
Last Name First Middle Suffix

Title of Person Requesting Changes: _____

Signature: _____ Date: _____

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

www.agi.alabama.gov

"We provide employment & services without discrimination."