



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 license information plus other sections as needed to update your file.

### License Type:

**Horticultural:**  SLP  LD  OTPS  TS - Current or Most Recent license #PS-H- \_\_\_\_\_

**Structural Main:**  HPC  WDO  FUM - Current or Most Recent license #PS-M- \_\_\_\_\_

Branch office:  HPC  WDO  FUM - Current or Most Recent license #PS-B- \_\_\_\_\_

Sub-office:  HPC  WDO  FUM - Current or Most Recent license #PS-S- \_\_\_\_\_

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

Licensee (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: \_\_\_\_\_

Certification. #: \_\_\_\_\_ Certified Category(s): \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name First Middle Suffix

**Remove Name of Certified Person # 2:** \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Certification. #: \_\_\_\_\_ Certified Category(s): \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name First Middle Suffix

Categories to be **deleted** from License: **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 license.

Licensee (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: \_\_\_\_\_

Certification. #: \_\_\_\_\_ Certified Category(s): \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name First Middle Suffix

**Add Name of Certified Person # 2:** \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Certification. #: \_\_\_\_\_ Certified Category(s): \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name First Middle Suffix

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

Categories added to a Professional Services License **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 Licensee's Professional Services License. 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\*\*\*\*\*

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