



APPLICATION FOR A CUSTOM APPLICATORS BUSINESS LICENSE

ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES

PESTICIDE MANAGEMENT SECTION

1445 FEDERAL DRIVE, MONTGOMERY, ALABAMA 36107

PH: (334) 240-7286 FAX: (334) 240-7168



DATE: _____

COUNTY: _____

Application is hereby made to the Alabama Commissioner of Agriculture and Industries for a business license to engage in the custom application of pesticides.

APPLICATION TYPE: NEW BUSINESS _____ BUSINESS RENEWAL _____

Application submitted by:

Business Name: _____

Business Physical Address: _____ (Street) (City) (State) (Zip)

Business Mailing Address (if different): _____

Business Phone #: _____ (List any other operating locations/phone #'s on a separate sheet)

E-mail Address: _____

BUSINESS WILL CUSTOM APPLY PESTICIDES BY:

- AIRCRAFT - Provide FAA Part 137 Certificate No. _____ & Attach a Copy of 137 Exemption and a Copy of Your Pilot Certification.
GROUND EQUIPMENT - Attach a Copy of Insurance Certificate (Certificate MUST Say Chemical Drift is Covered).

The person who shall be responsible for all custom pesticide application activities of this business is:

Name of Certified Supervisor: _____ Home phone # _____

Certification Permit #: _____ Certified Category (ies): _____

Home or Mailing Address: _____ (Street) (City) (State) (Zip)

NOTE: A description of all equipment operated by this business MUST be listed in the provided area, and a business license remittance fee, based on the given schedule, MUST be attached to this application. MAKE CHECK PAYABLE TO THE ALABAMA DEPARTMENT OF AGRICULTURE AND INDUSTRIES AS SHOWN IN THE LETTERHEAD.

It is understood and hereby agreed that should this license be issued, applicant (BUSINESS) shall abide by the requirements under provisions of Chapter 27, Title 2, Code of Alabama (1975) as amended.

Signature of Authorized Business Representative _____ Date _____

*****FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW*****

LICENSE NUMBER: P/M: _____ PERMIT FEE: _____

DATE PROCESSED: _____ PENALTY: _____

CASH [] CHECK [] M.O. [] # _____ TOTAL: _____



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DESCRIPTION OF EQUIPMENT USED BY APPLICANT

AIRCRAFT

	Unit 1	Unit 2	Unit 3	Unit 4
Fixed (Fix) or Rotor (RO)				
Make				
Model				
"N" Number				

GROUND EQUIPMENT

	Unit 1	Unit 2	Unit 3	Unit 4
Make				
Model				
Type				

	Unit 5	Unit 6	Unit 7	Unit 8
Make				
Model				
Type				

Use Additional Sheets, if Necessary, to List All Equipment Used by Business

THE CUSTOM APPLICATORS BUSINESS LICENSE IS \$100 PER MODE OF APPLICATION (AERIAL / GROUND). THE LICENSE PERIOD IS JANUARY 1 THROUGH DECEMBER 31, AND MUST BE RENEWED ANNUALLY. A PENALTY OF 10% IS DUE AFTER FEBRUARY 15 (PENALTY DOES NOT APPLY TO NEW BUSINESSES).

EXISTING BUSINESSES REAPPLYING FOR A PERMIT MAY BE SUBJECT TO CIVIL PENALTY PROVISIONS UP TO \$3,000.00 FOR PERFORMING OR SOLICITING CUSTOM PESTICIDE APPLICATION BUSINESS WITHOUT A PERMIT IF THE APPLICATION IS NOT POSTMARKED BEFORE MARCH 16.

*IF APPLICATION IS SUBMITTED WITH OTHER LICENSE/PERMIT FEES, PLEASE SUBMIT SEPARATE CHECKS.