



State of ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
 Pesticide Management Division



1445 Federal Drive • Montgomery, Alabama 36107-1123
 (334) 240-7243 • 1-800-642-7761, Ext. 7243

Rick Pate
 Commissioner

**REQUEST FOR REPLACEMENT
 PRIVATE APPLICATOR PERMIT**

I hereby apply for a replacement Private Applicator permit to purchase and use restricted use pesticides pursuant to Chapter 27, Title 2, Code of Alabama (1975) and Chapter 80-1-13, Alabama Administrative Code. I understand and will comply with the provisions of the above statutes and rules, as well as product label instructions. **Further, I understand that any violation of the statutes, rules, or label instructions constitutes grounds for suspension or revocation of permit, and other penalties.**

PLEASE PRINT

<i>Last name</i>	<i>First Name</i>	<i>Middle Name</i>	<u>XXX-XX-</u> <i>Last 4 of SSN</i>
<i>Home Address</i>	<i>County</i>		<i>Date of Birth</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>	(_____)_____ <i>Telephone Number</i>

➤ **Mailing address:** { } **Same as above OR as follows:**

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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➤ **Along with this application,** you must include a **\$5.00 check or money order** payable to the Alabama Department of Agriculture and Industries.

➤ **MAIL TO:** Department of Agriculture and Industries
 Pesticide Management ~ Private Applicator
 1445 Federal Drive
 Montgomery, AL 36107-1123

I understand that this permit is valid only for purchasing, using, or supervising the use of restricted use pesticide(s) on property owned/leased/controlled by me or by a full-time employee for the purpose of producing agricultural commodities. My signature is to attest that I have read and understand the rules and regulations of a private applicator.

Signature of Applicant _____ *Date* _____

-----**FOR ADAI OFFICE USE ONLY**-----

Permit Number	Reissue Date _____
	CK/MO # _____ Amt Paid \$ _____