

Alabama Department of Agriculture and Industries APPLICATION FOR PROFESSIONAL SERVICES LICENSE STRUCTURAL PEST CONTROL SUB-OFFICE

Return to:
DEPARTMENT OF AGRICULTURE & INDUSTRIES PESTICIDE
MANAGEMENT - PROFESSIONAL SERVICES
1445 FEDERAL DRIVE
MONTGOMERY AL 36107-1123
PHONE: 334-240-7261 FAX: 334-240-7316

Date: _____
County: _____

AGI.ALABAMA.GOV

ATTENTION: Application for Professional Services License as required under provisions of Chapter 28, Title 2, Code of Alabama (1975) as amended.
LICENSE FEE: \$50.00 PLUS \$100.00 FOR EACH CATEGORY OF WORK CERTIFIED TO PERFORM.. A \$50.00 DELINQUENT PENALTY WILL BE APPLIED IF APPLICATION IS NOT RECEIVED BY NOVEMBER 6. (PENALTY does not apply to NEW BUSINESS.). **EXISTING BUSINESSES REAPPLYING FOR A LICENSE MAY BE SUBJECT TO CIVIL PENALTY PROVISIONS UP TO \$3000.00 FOR PERFORMING OR SOLICITING PROFESSIONAL SERVICES WORK WITHOUT A LICENSE.**

IF APPLICATION IS SUBMITTED WITH OTHER LICENSE FEES, PLEASE SUBMIT SEPARATE CHECKS.
CHECK CERTIFIED CATEGORY(IES) BELOW: _____

- Household, institutional & industrial Pest Control (HPC) Fumigation Pest Control (FC)
 Control and/or Eradication of Wood Destroying Organisms (WDC)

NAME OF BUSINESS: _____

***SUB-OFFICE LOCATION: _____ PHONE: () _____
MAILING ADDRESS: _____ ZIP CODE: _____
FAX #: () _____
ZIP CODE: _____

EMAIL ADDRESS: _____

SUPERVISING OFFICE LOCATION: _____ PHONE: () _____
ZIP CODE: _____

*****NOTE: A Sub-Office must have less than three (3) employees and must not be more than 100 road miles from either a Branch Office or Main Office of the firm.**

- NEW BUSINESS ADD-ON CATEGORY to LICENSE # _____ RENEWAL OUT OF BUSINESS BUY OUT
 NAME CHANGE - OLD BUSINESS NAME: _____ New Address

LIST CERTIFIED SUPERVISOR(S) Additional names can be attached for those that passed exams and are certified. No additional fees are required. The Certified Operator is responsible for work performed by licensee.

LEGAL NAME	DOB	LAST 4 SS #	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SEE MAIN OFFICE APPLICATION FOR INSURANCE AND/OR BOND INFORMATION

APPLICANT WILL ENGAGE IN BUSINESS AS: Sole Owner Partnership Corporation* *

SIGNATURE: _____ TITLE: _____

APPLICATION MUST BE SIGNED. PLEASE MAKE CHECK PAYABLE TO THE ALABAMA DEPT OF AGRICULTURE

*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****

LICENSE NUMBER: _____
License Fee: _____
Category Fee(s): _____
Penalty: Total: _____
Date Processed: _____
Cash Check MO # _____