

# Alabama Department of Agriculture and Industries APPLICATION FOR PROFESSIONAL SERVICES PERMIT STRUCTURAL PEST CONTROL BRANCH 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 Permit as required under provisions of Chapter 28, Title 2, Code of Alabama (1975) as amended. PERMIT FEE: \$75.00 PLUS \$100.00 FOR EACH CATEGORY OF WORK CERTIFIED TO PERFORM.. A \$50.00 DELINQUENT PENALTY IS REQUIRED IF APPLICATION IS NOT POSTMARKED BEFORE NOVEMBER 1. (PENALTY does not apply to NEW BUSINESS.) EXISTING BUSINESSES REAPPLYING FOR A PERMIT MAY BE SUBJECT TO CIVIL PENALTY PROVISIONS UP TO \$3000.00 FOR PERFORMING OR SOLICITING PROFESSIONAL SERVICES WORK WITHOUT A PERMIT IF THE APPLICATION IS NOT POSTMARKED BEFORE JANUARY 1.

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

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

NAME OF BUSINESS: \_\_\_\_\_

BRANCH LOCATION: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ FAX #: (    ) \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAIN OFFICE \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

LOCATION: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NEW BUSINESS     ADD-ON CATEGORY to Permit # PS-B- \_\_\_\_\_     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 permittee.

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

**INSURANCE (HPC/WDC/FC) BOND FOR WDC ONLY!**

INSURANCE EXPIRATION DATE: \_\_\_\_\_

SURETY BOND EXPIRATION DATE: \_\_\_\_\_

**\*\*\*THIS INFORMATION APPLIES TO NEW & EXISTING BUSINESSES\*\*\***  
(IF HPC/FC/WDC, attach copy of CERTIFICATE OF INSURANCE. IF WDC ATTACH AN ORIGINAL SURETY BOND and copy of CONTRACTS.

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\*\*\*\*\*

PERMIT NUMBER: PS-B- \_\_\_\_\_

AGRICULTURE OFFICE STAFF USE:	
Contract(s) Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Up-to-date:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bond Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Permit Fee: \_\_\_\_\_

Category Fee(s): \_\_\_\_\_

Penalty: \_\_\_\_\_

Total: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Cash  Check  MO  # \_\_\_\_\_