

**Alabama Department of Agriculture and Industries**  
**APPLICATION FOR PROFESSIONAL SERVICES PERMIT**  
**HORTICULTURE**

Return to:  
 DEPARTMENT OF AGRICULTURE & INDUSTRIES  
 PESTICIDE MANAGEMENT - PROFESSIONAL SERVICES  
 1445 FEDERAL DRIVE  
 MONTGOMERY AL 36107-1123  
 PHONE: 334-240-7269 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: \$175.00** FOR WORK **CERTIFIED** TO PERFORM. (FEE COVERS UP TO FOUR CATEGORIES). **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:

- |  |  |
|--|--|
| <input type="checkbox"/> Landscape Design (LD) | <input type="checkbox"/> Setting of Landscape Plants (SLP)     |
| <input type="checkbox"/> Tree Surgery (TS)     | <input type="checkbox"/> Ornamental & Turf Pest Control (OTPS) |

NAME OF BUSINESS: \_\_\_\_\_ **!!CALL TO VERIFY NAME IS AVAILABLE!!**  
 LOCATION: \_\_\_\_\_ PHONE 1( \_\_\_\_\_ )  
 \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ PHONE 2( \_\_\_\_\_ )  
 \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_ FAX #: ( \_\_\_\_\_ )  
 \_\_\_\_\_

NEW BUSINESS     ADD-ON CATEGORY to Permit # PSH - \_\_\_\_\_     RENEWAL     OUT OF BUSINESS     BUY OUT

NAME CHANGE - OLD BUSINESS NAME: \_\_\_\_\_

**LIST CERTIFIED SUPERVISOR(S)** Additional names can be attached for those that passed exams and are certified.

**NOTE: ONLY THE OTPS CATEGORY HAS A COMMERCIAL CERTIFICATION NUMBER AND EXPIRATION DATE.**

LEGAL NAME	D O B	Last 4 SS #	COMMERCIAL CERTIFICATION #	CERTIFICATION CATEGORY	EXPIRATION DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Sole Owner     Partnership     Corporation\* \*

APPLICANT WILL ENGAGE IN BUSINESS AS:

\*\* Corporation must be filed w/ the Secretary of State.    -- must verify company name w/Dept. of Agriculture first.

**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: **PSH - \_\_\_\_\_**

Permit Fee: \_\_\_\_\_  
 Penalty: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_  
 Cash  Check  MO  # \_\_\_\_\_