

**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 # _____