

Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES PERMIT
STRUCTURAL PEST CONTROL
MAIN 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

AGI.ALABAMA.GOV

Date: _____

County: _____

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 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 (HPC)
Fumigation Pest Control (FC)
Control and/or Eradication of Wood Destroying Organisms (WDC)

NAME OF BUSINESS: _____ !!CALL TO VERIFY NAME IS AVAILABLE!!
LOCATION: MAILING _____ PHONE: () _____
ADDRESS: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____ PHONE: () _____
FAX # () _____

- NEW BUSINESS ADD-ON CATEGORY to Permit # PS-M- 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.

Table with 6 columns: 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.

APPLICANT WILL ENGAGE IN BUSINESS AS: Sole Owner Partnership Corporation*
** 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: PS-M- _____

AGRICULTURE OFFICE STAFF USE:
Contract(s) Approved: Yes No
Insurance Up-to-date: Yes No
Bond Received: Yes No

Permit Fee: _____
Category Fee(s): _____
Penalty: _____
Total: _____
Date Processed: _____
Cash Check MO # _____