



STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
Pesticide Management - Professional Services

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(334) 240-7261 • 1-800-642-7761, Ext. 7261

John McMillan
Commissioner

REQUEST FOR CHANGE OF INFORMATION
FOR PROFESSIONAL SERVICES OPERATORS

Complete your Firm name and license information plus other sections as needed to update your file.

License Type:

Horticultural: [ ] SLP [ ] LD [ ] OTPS [ ] TS - Current or Most Recent license #PS-H-
Structural Main: [ ] HPC [ ] WDO [ ] FUM - Current or Most Recent license #PS-M-
Branch office: [ ] HPC [ ] WDO [ ] FUM - Current or Most Recent license #PS-B-
Sub-office: [ ] HPC [ ] WDO [ ] FUM - Current or Most Recent license #PS-S-

Previous or Old Information: Please enter your previous firm name and then only the information to be changed.

Licensee (Firm Name): DBA
Phy. Address City: State: Zip:
Mail Address: City: State: Zip:
County of Location: Office Phone: Cell Phone:
Fax #: E-Mail:

Remove Name of Certified Person # 1: Last Name First Middle Suffix Last 4 digits of SSN:
Certification. #: Certified Category(s): Expiration date: / /

Remove Name of Certified Person # 2: Last Name First Middle Suffix Last 4 digits of SSN:
Certification. #: Certified Category(s): Expiration date: / /

Categories to be deleted from License: Horticultural: [ ] SLP [ ] LD [ ] OTPS [ ] TS. Structural: [ ] HPC [ ] WDO [ ] FUM

Please complete all of the following Firm information and other information as needed in order to update your license.

Licensee (Firm Name): DBA
Phy. Address City: State: Zip:
Mail Address: City: State: Zip:
County of Location: Office Phone: Cell Phone:
Fax #: E-Mail:

Add Name of Certified Person # 1: Last Name First Middle Suffix Last 4 digits of SSN:
Certification. #: Certified Category(s): Expiration date: / /

Add Name of Certified Person # 2: Last Name First Middle Suffix Last 4 digits of SSN:
Certification. #: Certified Category(s): Expiration date: / /

Categories to be added to License: Horticultural [ ] SLP [ ] LD [ ] OTPS [ ] TS. Structural: [ ] HPC [ ] WDO [ ] FUM

Categories added to a Professional Services License must be supported by proper Certification, and an application and additional fees where applicable.

By signing this form I am requesting an immediate change to the information listed above for this Licensee's Professional Services License. I certify that all of the above listed information is true and correct to the best of my knowledge. I also certify that I have the authority to make the above requested changes.

Name of Person Requesting Changes: Last Name First Middle Suffix Last 4 digits of SSN:

Title of Person Requesting Changes:

Signature: Date:

\*\*\*\*\*MUST BE SIGNED AND DATED\*\*\*\*\*

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