



State of ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
 Pesticide Management Division



1445 Federal Drive • Montgomery, Alabama 36107-1123
 (334) 240-7243 • 1-800-642-7761, Ext. 7243

Rick Pate
 Commissioner

APPLICATION FOR PRIVATE APPLICATOR PERMIT

(ONLINE ONLY)

I hereby apply for a permit as a Private Applicator to purchase and use restricted use pesticides pursuant to Chapter 27, Title 2, Code of Alabama (1975) and Chapter 80-1-13, Alabama Administrative Code. I understand and will comply with the provisions of the above statutes and rules, as well as product label instructions. **Further, I understand that any violation of the statutes, rules, or label instructions constitutes grounds for suspension or revocation of permit, and other penalties.**

➤ **Check one:** { } **New Application** { } **Renewal Application**

PLEASE PRINT

<i>Last name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>SSN (last 4 digits)</i>
<i>Home Address</i>	<i>County</i>		<i>Date of Birth</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone Number</i>

➤ **Mailing address:** { } **Same as above** **OR** **as follows:**

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Email Address: _____

➤ **Along with this application**, you must submit the **CERTIFICATE** provided by the online training platform from Alabama Cooperative Extension System. (*Send **only** your completed application and your certificate of completion. You may send via U.S. mail to address below **or** email to cert@agi.alabama.gov.*)

➤ **MAIL TO:** Department of Agriculture and Industries Pesticide Management ~
 Private Applicator
 1445 Federal Drive
 Montgomery, AL 36107-1123

I understand that this permit is valid only for purchasing, using, or supervising the use of restricted use pesticide(s) on property owned/leased/controlled by me or by a full-time employee for the purpose of producing agricultural commodities. My signature is to attest that I have read and understand the rules and regulations of a private applicator.

Signature of Applicant _____ *Date* _____

-----**FOR ADAI OFFICE USE ONLY**-----

Permit Number	<i>Issue Date</i> _____	<i>Test Score</i> _____
	<i>CK/MO #</i> _____	<i>Amt Paid \$</i> _____

Form updated 2/15/2019