

Alabama Department of Agriculture and Industries
APPLICATION FOR PROFESSIONAL SERVICES EXAMINATION(S)

RETURN TO: Dept. of Agriculture & Industries
Pesticide Management Division
CERTIFICATION SECTION
1445 Federal Drive
Montgomery AL 36107-1123

Email or fax to:
cert@agi.alabama.gov
Fax: 334-240-7168
Phone: 334-240-7243

Exam Date: January 23, 2024
Location: Gulf States Hort Expo

IMPORTANT NOTE:

**PLEASE READ APPLICATION
CAREFULLY.**

IF THE APPLICATION IS NOT
COMPLETED FULLY, IT WILL
BE RETURNED TO YOU FOR
FURTHER INFORMATION. **THIS
COULD CAUSE YOU TO MISS
THE EXAM DATE!!!**

INSTRUCTIONS:

**EMAIL EXAM APPLICATION
AND QUALIFICATION
STATEMENT TO:**

Barbara.Gates@agi.alabama.gov

**Must be received no later
than Monday, January 8,
2024.**

I hereby make application for examination in the field(s) of:

1. **HORTICULTURE SUPERVISOR**

* **Qualifications Required – See note below.**

- ☐ a. Landscape Horticulturist -- Landscape Design (LD)
- ☐ b. Landscape Planter -- Setting of Landscape Plants (SLP)
- ☐ c. Tree Surgery (TS)
- ☐ d. Ornamental and Turf Pest Control Supervisor (OTPS)

2. **STRUCTURAL PEST CONTROL (Certified Operator)**

** **Qualifications Required – See note below.**

- ☐ a. Household, Institutional and Industrial Pest Control (HPC)
- ☐ b. Fumigation Pest Control (FC)
- ☐ c. Control and/or Eradication of Wood Destroying Organisms (WDC)

3. **STRUCTURAL PEST CONTROL (Branch Supervisor)**

** **Qualifications Required – See note below.**

- ☐ a. Household, Institutional and Industrial Pest Control (HPB)
- ☐ b. Fumigation Pest Control (FB)
- ☐ c. Control and/or Eradication of Wood Destroying Organisms (WDS)

4. **CUSTODIAL PESTICIDE APPLICATOR**

*** **Qualification Required – See note below.**

- ☐ a. Industrial, Institutional and Health Related Pest Control (IIHC)
- ☐ b. Ornamental and Turf Pest Control (OTPC)

5. ☐ a. **RECERTIFICATION EXAM**

NOTE: *, **, *** See Reverse Side for Qualification Requirements.

**QUALIFICATION STATEMENT MUST BE
SUBMITTED WITH APPLICATION!**

- ☐ This is my FIRST time to take an examination in any category.
- ☐ I have PREVIOUSLY taken an examination (any category) in AL. Records are on file in the AL Agriculture office.
If you have been issued a certification permit number with AL, what is your permit number _____

PLEASE PRINT LEGIBLY

SEND NO MONEY NOW, PAY AT EXAM SITE!

LEGAL NAME _____ LAST 4 OF SSN _____

HOME ADDRESS _____ PO BOX _____ HOME PHONE _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

NAME OF FIRM _____

FIRM ADDRESS _____ PO BOX _____ FIRM PHONE _____

CITY _____ STATE _____ ZIP _____

*This application is for paper-based testing.
To apply for computer-based testing on one of
our statewide testing sites, please apply at
<http://apply.adaitesting.com>*

SIGNATURE

Please use blue or black ink.

Applicant Name: _____

Date: _____

Work Experience: (Please describe your industry related work experience for taking this exam. See ADAI application for more details.)

Dates of Employment:	Employer Name:
Work Summary:	
Dates of Employment:	Employer Name:
Work Summary:	
Dates of Employment:	Employer Name:
Work Summary:	
Dates of Employment:	Employer Name:
Work Summary:	

Applicant Signature: _____