



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

**LIMITED CERTIFICATION FOR COMMERCIAL
LANDSCAPE MAINTENANCE PERSONNEL**

**WILTON SIMPSON
COMMISSIONER**

Section 482.156, F.S. and Rule 5E-14.117, F.A.C.
Telephone: (850) 617-7997

Remit Fee Online at:
www.FDACS.gov

- or -

Check or Money Order Payable to:
FDACS
Revenue Processing Section
P.O. Box 6710
Tallahassee, FL 32314-6710

IMPORTANT - DIRECTIONS:

- (1) Applicant must be 18 years of age or older to apply.
- (2) Attach a current, clearly recognizable, full-face, head-and-shoulders, photograph measuring approximately 1 1/2 x 1 1/2 inches in size - even if already on file.
- (3) Enclose a check or money order payable to FDACS in the amount of \$150.00. **DO NOT SEND CASH.**
PLEASE REMIT SEPARATE CHECKS FOR EACH APPLICATION.

I hereby make application for the Limited Certification for Commercial Landscape Maintenance Personnel examination. (Proof of insurance is required prior to issuance of the credential.)

**ATTACH RECENT
1 1/2 x 1 1/2 INCH
CLEAR, FULL-FACE
PHOTO HERE
EVEN IF ALREADY
ON FILE
DO NOT STAPLE**

Limited Certification for Commercial
Landscape Maintenance Personnel - 001365 \$ 150.00

TOTAL FEES ENCLOSED \$ _____

All questions MUST be answered. PLEASE PRINT.

1. **Name of Applicant** _____
(Last) (First) (Middle)

Mailing Address _____
(Street or Post Office Box)

(City) (County) (State) (Zip Code)

Telephone Number (_____) _____
(Area Code)

Date of Birth: _____ Email: _____
(Month) (Day) (Year)

2. **Name of Employer** (if applicable) _____

Street Address _____
(Street) (City) (County) (State) (Zip Code)

Employer Phone No. (_____) _____
(Area Code)

3. Have you previously been examined and failed in the category now applied for? YES NO
If yes, give month and year FIRST examined in category: _____
(Month) (Year)

4. **This section MUST BE COMPLETED by all applicants. Check Yes or No for each response. If Yes, provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information.**

____ Yes ____ No Have you, in the last five (5) years, been convicted of a crime under any state or federal law involving dishonesty, violence, destruction of property, sexual misconduct or any other crime which directly relates to the practice of pest control.

____ Yes ____ No Have you ever been convicted of a crime under any state or federal law involving sexual misconduct with a minor child under the age of fourteen (14) years and been classified as a sexual offender or sexual predator.

Failure to provide the department with true and accurate information regarding the applicant's criminal history may result in disciplinary action pursuant to 482.161(1) & (7), F.S.



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Name of Applicant _____
(Last) (First) (Middle)

County to be examined in: _____

I do hereby declare that all entries herein, attached hereto and made a part of this application are true and correct statements.

(Applicant's Signature)

(Please print Name) (Date)

(Contact Phone number)

This page must be included
with application submittal.

Org. Code: 42 13 08 02 060
EO B7
Object Code: 001365 \$ 150.00