



WILTON SIMPSON  
COMMISSIONER

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

**APPLICATION FOR PEST CONTROL  
OPERATOR'S CERTIFICATE**

Rule 5E-14.132, F.A.C.  
Telephone: (850) 617-7997

**Remit Form to:**

Bureau of Licensing and  
Enforcement  
3125 Conner Blvd., Bldg. 8  
Tallahassee, FL 32399-1650

**DO NOT WRITE IN THIS BOX**  
**ISSUANCE INFORMATION**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ MAILED \_\_\_\_\_

**FAILURE TO SUBMIT WITHIN (90) DAYS WILL REQUIRE RE-EXAMINATION**

I have been officially notified that I passed the \_\_\_\_\_ (month) \_\_\_\_\_ (year) examination  
for the certified operator's certificate in the category(s) of:

- ( ) Fumigation
- ( ) General Household Pest and Rodent Control
- ( ) Lawn and Ornamental Pest Control
- ( ) Termite and Other Wood-Destroying Organisms Control

**ADDITIONAL CATEGORY APPLICANTS – NO FEE**

- ( ) If you have a valid/exiting certificate, and you passed the exam, the additional category will be added automatically and a new certificate will be mailed to you. **NO FEE IS REQUIRED FOR ADDITION OF CATEGORY(S)** to a VALID certificate.

**NEW CERTIFICATE APPLICANTS – 002252**

- ( ) I hereby make application for a pest control operator's certificate in accordance with Section 482.111(1), F.S., **Failure to apply within 90 days will require applicant to re-examine.**

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

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(Signature of Applicant)

ADDRESS: \_\_\_\_\_  
(Street or Rural Route)

\_\_\_\_\_  
(City) (State) (Zip Code)

**FL DRIVER LICENSE NUMBER:** \_\_\_\_\_  
(or STATE ID)

BIRTHDATE: \_\_\_\_\_  
Month Day Year

EMAIL ADDRESS: \_\_\_\_\_