



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

ADAM H. PUTNAM
COMMISSIONER

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

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

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: _____