



WILTON SIMPSON
COMMISSIONER

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

**LIMITED CERTIFICATION FOR GOVERNMENT
PESTICIDE APPLICATORS OR PRIVATE APPLICATORS**

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

REMIT SEPARATE CHECKS FOR EACH APPLICATION

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 Limited Certification in the categories checked.

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

☐ STRUCTURAL PEST CONTROL – 001367 \$ 150.00

☐ LAWN AND ORNAMENTAL PEST CONTROL – 001366 \$ 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 (_____) Email Address _____
(Area Code)

Date of Birth: _____ County to be examined in _____
(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(s) now applied for? ☐ YES ☐ NO

If yes, give month and year FIRST examined in category:

Structural _____ Lawn and Ornamental _____
(Month) (Year) (Month) (Year)



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Tallahassee, FL 32314-6710

NAME OF APPLICANT: _____
(Last) (First) (Middle)

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.

5. I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Original Signature of Applicant

(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: 001367	\$ 150.00
001366	\$ 150.00