



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

**DOCUMENTED PESTICIDE APPLICATION  
 FOR CERTIFICATION EXAM QUALIFICATION**

**Respond to:**  
 Bureau of Licensing and Enforcement  
 3125 Conner Blvd, Bldg 8,  
 Tallahassee, FL 32399-1650

ADAM H. PUTNAM  
 COMMISSIONER

Section 570.07(22), F.S. and Rule 5E-14.117, F.A.C.  
 Telephone: (850) 617-7997

**IMPORTANT DIRECTIONS** – Applicants must provide proof of practical experience by documenting 45 pesticide application records (15 for fumigation and special Identification card) to qualify for the certification exam. These forms must be legible. Separate forms must be submitted for each category and each certified operator. Applicants for Fumigation and Special Identification Card exams need to document 15 records and submit the first page only. All other applicants must submit both page one and page two.

Applicant Name: \_\_\_\_\_ Employee Identification Card No. \_\_\_\_\_

The following pesticide applications document my experience in the category checked:

\_\_\_\_\_ Fumigation/SPID \_\_\_\_\_ Termite/WDO Pest Control \_\_\_\_\_ Lawn & Ornamental Pest Control \_\_\_\_\_ General Household Pest Control

Name of Property Owner	Address	Pest Treated	Date Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

I do hereby certify that the above named applicant has participated in within this State and under the supervision of a certified operator in the following pest control applications and has demonstrated the requisite knowledge to supervise such work with regards to safety of both persons and property.

\_\_\_\_\_  
 WITNESS (other than applicant or certified operator)

\_\_\_\_\_  
 Signature of Certified Operator

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Operator Name

\_\_\_\_\_  
 Date

WITNESS ADDRESS:  
 \_\_\_\_\_  
 \_\_\_\_\_

OPERATOR ADDRESS:  
 \_\_\_\_\_  
 \_\_\_\_\_

FL Certificate No: \_\_\_\_\_

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(CONTINUED FROM PAGE 1)

**IMPORTANT DIRECTIONS** - This second page must be completed for all categories (except fumigation or special identification card) and attached to a signed and completed first page.

Applicant Name: \_\_\_\_\_ Employee Identification Card No. \_\_\_\_\_

Name of Property Owner	Address	Pest Treated	Date Performed
16.			
17.			
18.			
19.			
20.			
21.			
22.			
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