



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

Sample Number

**AFFIDAVIT - PRETREATMENT**

Section 570.07(22), F.S. and Rule 5E-14.1025, F.A.C.  
Telephone: (850) 617-7996

ADAM H. PUTNAM  
COMMISSIONER

State	County	City
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Before me, a representative of the State of Florida, pursuant to the authority under The Structural Pest Control Act, Chapter 482, Florida Statutes, and Rule 5E-14, Florida Administrative Code, as amended and as read together, personally appeared:

\_\_\_\_\_ in the city, county and state aforesaid, who depose under oath or affirmation and says:

My name is \_\_\_\_\_

My pest control identification number is \_\_\_\_\_

I am currently assigned to a pretreat truck. The tag number is \_\_\_\_\_

The number of the truck is \_\_\_\_\_

I have been employed by \_\_\_\_\_

at \_\_\_\_\_ for \_\_\_\_\_ months and have performed approximately \_\_\_\_\_ pretreat jobs.

I determine the square footage and linear footage by \_\_\_\_\_

I use \_\_\_\_\_ of \_\_\_\_\_ to 100 gallons of water to make a \_\_\_\_\_ percent chemical. My tank holds \_\_\_\_\_ gallons. My pump usually delivers about \_\_\_\_\_ gallons per minute.

While performing a soil treatment, I wear \_\_\_\_\_

I make a record which provides \_\_\_\_\_

I have posted a treatment notice:  Yes  No

I hereby swear/affirm that the foregoing statement is true to the best of my knowledge.

Signature

Title

Firm's Name and Address (include Zip Code)
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Subscribed and Sworn to before me at (City and State) \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Designated pursuant to law to administer oaths, affidavits, and affirmations, authorization No. \_\_\_\_\_

Signature of State Representative