

COMMISSIONER

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

LIMITED CERTIFICATION FOR COMMERCIAL WILDLIFE MANAGEMENT

Section 482.157, F.S. and Rule 5E-14.117, F.A.C. Telephone: (850) 617-7997 Return the completed form and Remit Fee by Check or Money Order Payable to FDACS: Bureau of Entomology and Pest Control P. O. Box 6710 Tallahassee, FL 32314-6710 - or -Remit Fee Online at: www.FreshFromFlorida.com

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 DACS in the amount of \$150.00. DO NOT SEND CASH. PLEASE REMIT SEPARATE CHECKS FOR EACH APPLICATION.

I hereby make application for the Limited Commercial Wildlife Management examination.

ATTACH RECENT 1 1/2 x 1 1/2 INCH CLEAR, FULL-FACE PHOTO HERE EVEN IF ALREADY ON FILE DO NOT STAPLE	All questic	TOTAL FEES ENCL	ed Certification for mercial Wildlife Management - 001137 AL FEES ENCLOSED JST be answered. PLEASE PRINT.		00
1. Name of Applicant	(Last)	(First)		(Middle)	
Mailing Address	(Street or Post	t Office Box)			
(City) Telephone Number ((Area C) :ode)	(County)	(5	State)	(Zip Code)
2. Name of Employer	,				
Address(Street)		(City)	(2	(0:	
Employer Phone No. ((Area Co) ode)	(City)	(County)	(State)	(Zip Code)
 Have you previously been ended If yes, give month and year FIF 		•••	ed for? YES	NO	(Year)
Date of Birth:(Month)	(Day) (Year)				(104)
County to be examined in:	4 Digit PIN#				
(Applicant's Signatu	re)		Org. Code EO B7 Object Cod	: 42 13 06 04 001 de: 001137	\$ 10.00