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

**WILTON SIMPSON
COMMISSIONER**

PEST CONTROL CUSTOMER CONTACT CENTER LICENSE APPLICATION

Section 482.072, F.S. and 5E-14.150 F.A.C.
Telephone: (850) 617-7997

Make check or money order payable to FDACS and remit with completed form to:

Bureau of Entomology and Pest Control
1203 Governors Square Blvd, Suite 300, GS-46
Tallahassee, FL 32301
http://www.flaes.org

OFFICE USE ONLY		
License Years:	License No.	Date Issued:
Renewal Date (This is a two year license)		

PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:

1. Application is hereby made for the following Pest Control Customer Contact Center License:

☐ Initial (New) License ($600.00) ☐ Renewal License ($600.00)

☐ Change-of-Contact Center Location Address License ($250.00) ☐ Renewal Late Fee ($150.00)

2. Effective date of change if applicable _____
   Month   Day   Year   Former Name (if applicable)

3. Firm's Legal Name _____
   Check one:
   ☐ Incorporated ☐ Limited Liability Corporation ☐ Partnership ☐ Not Incorporated

4. Owner(s) Information: List ALL owners or corporate officers. Give titles of corporate officers. (Use separate sheet if necessary.)

   Owner's Name: _____ Owner's Name: _____

   Address: _____ Address: _____
            Street   Street

   _____ _____
   City   State   Zip Code   City   State   Zip Code

   _____ _____
   Area code & Phone number   Title   Area code &Phone number   Title

5. Center Address _____
                  Street   City   County   Zip Code   Area Code & Phone Number

6. Mailing Address _____
   (If other than above)   Street or Post Office Box No.   City   Zip Code

7. E-mail Address: _____

8. Name of Primary Contact Person: _____ Phone no.: _____

9. Number of employees located at customer contact center: _____

10. Number of licensed pest control business locations in Florida under the same ownership entity: _____

11. I hereby certify that this business entity does own and operate a licensed pest control business in Florida.

_____   _____   _____
Print Name of Owner or Authorized Agent   Signature   Date