



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

**PEST CONTROL CUSTOMER CONTACT CENTER
LICENSE APPLICATION**

**WILTON SIMPSON
COMMISSIONER**

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

Remit Fee Online at:
www.FDACS.gov
- or -
Check or Money Order Payable to
FDACS:
FDACS
P. O. Box 6710
Tallahassee, FL 32314-6710

DO NOT FILL IN		
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:

- | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Initial (New) License – 002001 (\$600.00) | <input type="checkbox"/> Renewal License – 002002 (\$600.00) |
| <input type="checkbox"/> Expedite Fee – 002254 (\$50.00) | <input type="checkbox"/> Renewal Late Fee – 012006 (\$150.00) |
| <input type="checkbox"/> Change-of-Contact Center Location Address License – 001369 (\$250.00) | |

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 _____
<small>Street</small>	<small>Street</small>
_____	_____
<small>City State Zip Code</small>	<small>City State Zip Code</small>
_____	_____
<small>Area code & Phone number Title</small>	<small>Area code & Phone number Title</small>
_____	_____

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

Org. Code: 42 13 08 02 060	
EO: B7	
Object Code: 002001	\$ 600.00
002002	\$ 600.00
002254	\$ 50.00
012005	\$ 150.00
001369	\$ 250.00