



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

LIMITED CERTIFICATION FOR COMMERCIAL WILDLIFE MANAGEMENT

NICOLE "NIKKI" FRIED COMMISSIONER

Rule 5E-14.117, F.A.C. Telephone: (850) 617-7997

Remit Fee Online at: www.FDACS.gov

- or -

Check or Money Order Payable to: FDACS Revenue Processing Section P.O. Box 6710 Tallahassee, FL 32314-6710

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

Limited Certification for Commercial Wildlife Management - 001137 \$ 150.00
TOTAL FEES ENCLOSED \$\_\_\_\_\_

All questions MUST be answered. PLEASE PRINT.

1. Name of Applicant (Last) (First) (Middle)

Mailing Address (Street or Post Office Box)

(City) (County) (State) (Zip Code)

Telephone Number (Area Code)

Date of Birth: (Month) (Day) (Year) County to be examined in:

Contact email:

2. Name of Employer

Address (Street) (City) (County) (State) (Zip Code)

Employer Phone No. (Area Code)

3. This section MUST BE COMPLETED by all applicants. Check Yes or No for each response. If Yes, provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information.

Yes No Have you, in the last five (5) years, been convicted of a crime under any state or federal law involving dishonesty, violence, destruction of property, sexual misconduct or any other crime which directly relates to the practice of pest control.

Yes No Have you ever been convicted of a crime under any state or federal law involving sexual misconduct with a minor child under the age of fourteen (14) years and been classified as a sexual offender or sexual predator.

Failure to provide the department with true and accurate information regarding the applicant's criminal history may result in disciplinary action pursuant to 482.161(1) & (7), F.S.



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Tallahassee, FL 32314-6710

NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (Middle)

4. Have you previously been examined and failed in the category now applied for?  YES  NO

If yes, give month and year FIRST examined in category: \_\_\_\_\_  
(Month) (Year)

5. I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Original Signature of Applicant

\_\_\_\_\_  
(Please print Name) (Date) (Contact Phone number)

This page must be included  
with application submittal.

Org. Code: 42 13 08 02 060  
EO B7  
Object Code: 001137 \$ 150.00