



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

SPECIAL TRAINING TO PERFORM
FUMIGATION AFFIDAVIT

Respond to:
Bureau of Licensing and
Enforcement
3125 Conner Blvd, Bldg 8,
Tallahassee, FL 32399-1650

NICOLE "NIKKI" FRIED
COMMISSIONER

Rule 5E-14.1421(7), F.A.C.
Telephone: (850) 617-7997

STATE OF FLORIDA, COMPANY NAME
COUNTY OF AND LICENSE NUMBER
ADDRESS

On this day personally appeared BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgements,

(First Name) (Middle Name) (Last Name)

who resides at (Street or rural address) (City) (State) (Zip)

Date of Birth (mm/dd/yy) Email Address

who being first duly sworn deposes and says as follows:

I hereby certify that the above-named individual has received the training required by paragraph 5E-14.108(3)(b), F.A.C. I further certify that such training included the following:

- (a) Basic fumigation procedures;
(b) the proper use of a self-contained breathing apparatus (SCBA);
(c) the proper use of fumigant safety equipment; and
(d) to report immediately to the certified operator in charge or his special fumigation identification cardholder any irregularities or emergencies

Signature of prospective Identification Cardholder

Signature of Licensee or Certified Operator in Charge

Sworn to and Subscribed before me by means of

Sworn to and Subscribed before me by means of

physical presence or online notarization

physical presence or online notarization

this day of, A.D. 20

this day of, A.D. 20

Personally Known: Yes No

Personally Known: Yes No

Produced ID: Type:

Produced ID: Type:

Notary Public

Notary Public

SEAL

SEAL

ATTENTION

Pursuant to s. 5E-14.108, F.A.C., each general fumigation shall be personally directed, supervised and performed by a certified fumigation operator or personally by a special fumigation identification cardholder and designated by and under the direction and supervision of the certified fumigation operator in charge.

Pursuant to section 5E-14.1421(7), F.A.C., individuals receiving a fumigation endorsement on their identification card must within 60 days, complete stewardship training as required by the label and Stewardship Policy for the residential fumigant(s) used by the identification card holder.

(This Affidavit is not required of Certified Operators certified in the category of fumigation).

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