



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

**PEST CONTROL BUSINESS
 LICENSE APPLICATION**

NICOLE "NIKKI" FRIED
 COMMISSIONER

Rule 5E-14.142, 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

DO NOT FILL IN

License Year:	License No.	Date Issued:	Effective Date:	Business Closed Out-of-Business () Merger () Merger With:
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PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:

1. Application is hereby made for the following Pest Control Business License and Identification Cards:

- Initial (New) License* - 002240 (\$300.00)
- Change-of-Business Ownership License* - 001373 (\$300.00)
- Expedite Fee - 002242 (\$50.00)
- Change-of-Business Location Address License* - 001372 (\$25.00)
- Renewal License* - 002244 (\$300.00)
- Renewal Late Fee - 012023 (\$50.00)
- Change-of-Registered Business Name License* - 001374 (\$25.00)

*NEW IDENTIFICATION CARDS MUST BE ISSUED WITH EACH LICENSE - New: 002241 / Renew: 002245 / Changes: 001371 (\$10.00 EACH)

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

3. Federal Employer Tax Identification Number (FEIN) or Tax ID Number: _____

4. Firm's Legal Name _____
 Check one () Incorporated () Limited Liability Company () Not Incorporated

5. List all owners OR corporate officers. Give titles of corporate officers. Use a separate sheet if necessary.

Owner	Title	Owner	Title
Street	Street	Street	Street
City State Zip Code	City State Zip Code	City State Zip Code	City State Zip Code
Phone Number	Percent of ownership	Phone Number	Percent of ownership

6. Business Address _____
 Street City County Zip Code Area Code & Phone Number

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

8. E-mail Address: _____

LEAVE BLANK Change Effective Date	9. Each category of pest control being operated at this business location must be in the charge of one certified operator only. List each Certified Operator in charge of each category using the following. F=Fumigation; G=General Household Pest and Rodent Control; L=Lawn and Ornamental Pest Control; T=Termite or Other Wood-Destroying Organism Control. (Attach additional sheets if necessary).						
1.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)				City	Zip Code
2.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)				City	Zip Code
3.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)				City	Zip Code
4.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)				City	Zip Code

10. Complete the following for each employee, providing the employee's full legal name (no initials) and home address. Include all Certified Operators and Special Identification Cardholders. Remember to submit a fee of \$10 for each ID card requested. (If new employee, include the Application for Pest Control Employee-Identification Card, FDACS-13606.) Indicate with a check mark above "SPID", "WDO Insp" and "FID", if applicable. WDO Insp or FID is for those persons who have received special training (If never applied for, include the record of Special Training to Perform Wood-Destroying Organism Inspections and Control Training Verification Record, FDACS-13642 or the Special Training to Perform Fumigation Affidavit, FDACS-13002.)						DO NOT FILL IN		
						Identification Card No.	Date Issued	Date Cancelled
(10) _____ () () ()								
Last Name		First Name		Middle Name	SPID	WDO Insp	FID	
Street or Rural Address				City	Zip Code			
Date of Birth (MM/DD/YYYY)				Primary Duty				
(11) _____ () () ()								
Last Name		First Name		Middle Name	SPID	WDO Insp	FID	
Street or Rural Address				City	Zip Code			
Date of Birth (MM/DD/YYYY)				Primary Duty				
(12) _____ () () ()								
Last Name		First Name		Middle Name	SPID	WDO Insp	FID	
Street or Rural Address				City	Zip Code			
Date of Birth (MM/DD/YYYY)				Primary Duty				
(13) _____ () () ()								
Last Name		First Name		Middle Name	SPID	WDO Insp	FID	
Street or Rural Address				City	Zip Code			
Date of Birth (MM/DD/YYYY)				Primary Duty				

11. Designate location where pest control records and contracts of this licensee will be kept and the exact location address for storage of chemicals if other than licensed business location.

12. ATTACH A CURRENT CERTIFICATE OF INSURANCE TO THIS APPLICATION.

I do hereby certify that I am the certified operator(s) in charge of the aforesaid licensed business location and that all information given in this application is true, complete and correct to the best of my knowledge and belief. I hereby further certify that my primary occupation is in the pest control business, that I am employed on a full-time basis by the licensee, and that my principal duty is the personal supervision of and participation in the pest control operations of the licensee at and for the aforesaid licensed business location in compliance with Section 482.071, Subsections 482.111(2), (3), (4), (5) and (6), and Section 482.152, Florida Statutes. Except for change of home address for employee identification card holders, I fully understand that it is the responsibility of the certified operator and/or the licensee to notify the Department promptly of any changes in the information given in this application in accordance with the law and regulations.

Use the on-line eCommerce system to apply for additional or remove identification cards any time after submitting an application for new, renewal or change of address license. Prescribed forms are also available on request.

NOTE: If extra pages are needed, print additional copies of page 2. Page 3 must have the appropriate signature as required.

Signed: _____
Certified Operator in Charge of and responsible for the pest control category as indicated on page one, paragraph 8

Print Name _____ Phone number _____
Dated this _____ day of _____ 20____

Org. Code: 42 13 08 02 060	
EO B7	
Object Code: 002240	\$ 300.00
002244	\$ 300.00
001373	\$ 300.00
012023	\$ 50.00
002242	\$ 50.00
001374	\$ 25.00
001372	\$ 25.00
002241	\$ 10.00
002245	\$ 10.00
001371	\$ 10.00