



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

WILTON SIMPSON  
COMMISSIONER

**RENEWAL NOTICE**

Rule 5E-14.132, F.A.C.  
Telephone (850) 617-7997

Remit Fee Online at:  
[www.FDACS.gov](http://www.FDACS.gov)

- or -

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

REMIT SEPARATE CHECKS FOR EACH APPLICATION

<b>CERT NUMBER</b>
{XX number}
{Type}

<b>DTN NUMBER</b>
{dtn number}

APPLICANT INFORMATION				
{First Name Middle Name/initial Last Name}	<table border="1"> <tr> <th>IMPORTANT</th> </tr> <tr> <td>Due Date: {date}</td> </tr> <tr> <td>Amount: {\$}</td> </tr> </table>	IMPORTANT	Due Date: {date}	Amount: {\$}
IMPORTANT				
Due Date: {date}				
Amount: {\$}				
{Address 1}				
{Address 2}				
{City, State, Zipcode}				
{Postal Barcode}				

In accordance with Sections 482.151(6) and (7), and/or 482.111(3) and (4), Florida Statutes, your certificate or ID card is expiring on the Due Date listed above. Below are the requirements for each renewal type.

**NOTE: THIS IS THE ONLY NOTICE YOU WILL RECEIVE REGARDING YOUR RENEWAL**

**ONLINE RENEWAL** is available at [aesecomm.fdac.gov](http://aesecomm.fdac.gov). Continuing Education Units (CEUs) and any other required documentation may be uploaded to the website.

**MAIL-IN RENEWAL** - check or money order should be payable to FDACS in the amount as described below. **DO NOT SEND CASH. Please remit separate checks for each application.**

*If you have any questions or need assistance in completing this application, please contact the Bureau of Licensing and Enforcement, Pest Control Section, at 850-617-7997. For additional information see the Instructions at the beginning of this application.*

**Please mail your completed application, required documentation, and fee(s) to:**

Florida Department of Agriculture and Consumer Services (FDACS)  
Revenue Processing Section  
P. O. Box 6710  
Tallahassee, FL 32314-6710

F&A Use Only

Org. Code: 42 13 08 02 060	EO: B7
Object Code: 002253	\$ 150.00
002250	\$ 100.00
012025	\$ 50.00
012024	\$ 25.00

**APPLICATION CHECKLIST – IMPORTANT –**

Submit all applicable items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
<b>Certified Pest Control Operator Certificate (JF)</b>	<input type="checkbox"/> Complete <b>Sections I-V</b> of this application. <input type="checkbox"/> Pay \$150.00 fee <input type="checkbox"/> Pay \$50.00 late fee in addition to renewal fee above, if submitting >30 days after due date <input type="checkbox"/> Submit 2 Core CEUs <input type="checkbox"/> Submit 2 Category CEUs <i>per certificate category</i>  <b>Unless timely renewed, a certificate automatically expires 180 calendar days after the anniversary renewal date.</b>  <i>Subsequent to such expiration, a certificate may be issued only upon successful re-examination and upon payment of the examination fee due. This is a one-year certificate.</i>
<b>Special Fumigation Identification Card (JD)</b>	<input type="checkbox"/> Complete <b>Sections I-V</b> of this application. <input type="checkbox"/> Pay \$100.00 fee <input type="checkbox"/> Pay \$25.00 late fee in addition to renewal fee above, if submitting >30 days after due date <input type="checkbox"/> Submit 2 Core CEUs and 2 Category CEUs  <b>Unless timely renewed, a SPID automatically expires 180 calendar days after the anniversary renewal date.</b>  <i>Subsequent to such expiration, a certificate may be issued only upon successful re-examination and upon payment of the examination fee due. This is a one-year certificate.</i>

PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:

**Section I - Application Type**

CHECK ONE OR MORE RENEWAL APPLICATION TYPE - CHECK LATE FEE BOX TOO IF APPLICABLE
<input type="checkbox"/> Certified Pest Control Operator (JF) – 002253 (\$150.00) <b>Complete Sections I-V</b>
<input type="checkbox"/> Special Fumigation Identification Card (JD) – 002250 (\$100.00) <b>Complete Sections I-V</b>
<input type="checkbox"/> JF Renewal Late Fee – 012025 (\$50.00)
<input type="checkbox"/> JD (SPID) Renewal Late Fee – 012024 (\$25.00)

**Section II – Update Applicant Information – Optional**

COMPLETE ONLY IF CORRECTIONS ARE NEEDED		
{First Name Middle Name/initial Last Name}		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County		
CONTACT INFORMATION		
Phone Number		

**Section III – Email Address**

COMPLETE THE FOLLOWING FOR APPLICANT EMAIL	
Primary Email (Required):	
Alternate Email:	
Business Email:	

**Section IV – Background Questions**

**This section MUST BE COMPLETED by the applicant seeking licensure.** Check “YES” or “NO” for each response. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering “NO”. If you do not fully understand these questions, consult with an attorney, or contact the Department.

YOUR ANSWER TO THESE QUESTIONS MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO PROVIDE THE DEPARTMENT WITH TRUE AND ACCURATE INFORMATION REGARDING THE APPLICANT’S CRIMINAL HISTORY MAY RESULT IN DISCIPLINARY ACTION PURSUANT TO SS. 482.161(1) & (7), F.S.

BACKGROUND QUESTIONS TO BE COMPLETED BY APPLICANT			
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you, in the last three (3) 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.
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you 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, for which you have not completed any term of probation or parole and the conditions thereof.
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of any offense that serves as a predicate to registration as a sexual offender in accordance with s. 943.0435 or ss. 491.0112, 784.049(3)(b), 794.08, 800.101, 826.04, 847.012, 872.06(2), 944.35(3)(b)2., 951.221(1), F.S. or similar laws of any other state.
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted of s. 775.33(4), 782.04(1), (2), or (3), or 782.09, F.S., which resulted in the actual killing of a human being, or similar laws of any other state.
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been classified as a sexual predator pursuant to s. 775.21, F.S. or similar laws of any other state.

If you answered “YES” to any question in questions 1-5 above, you must provide a copy of the arrest report, copies of the disposition or judgment and sentence, and documentation proving all sanctions have been served and satisfied. You must supply this documentation for each occurrence. If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required. Additionally, if you answered “YES” to any question in questions 1-5 above, you must complete the EXPLANATION section for your response. If you have more than one offense to document attach additional pages as necessary.

**Explanation(s) for Background Questions**

EXPLANATION	
Name at time of conviction	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

**Section V – Affirmation by Applicant**

AFFIRMATION BY WRITTEN DECLARATION	
I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
Signature:	Date:
Print Name:	

**PLEASE ALLOW 4 TO 6 WEEKS FOR PROCESSING**