

COMMISSIONER

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

## REQUEST FOR INCLUSION ON AHB BEE ERADICATION OR REMOVAL LIST

Respond to:

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

Rule 5E-14.1025, F.A.C. Telephone: (850) 617-7997 Fax: (850) 617-7969

I request to be added to the Florida Department of Agriculture's Bee Eradication or Removal List. I certify that I possess a Florida Pest Control Business License with a Certified Operator In Charge of the General Household and Rodent Pest Control Category (GHP- for interior or exterior bee control) and/or the Lawn & Ornamental Pest Control Category (L&O- exterior bee control only) OR I am a registered beekeeper using non-lethal methods and that I've received Africanized Honeybee Training (AHB). Company or Beekeeper Requesting: JB (License) Number: Licensee or Beekeeper Name: Street location: City, State and Zip Code: Contacts: Name of Primary Contact Person: Day Phone Number: Night/Emergency Phone Number: Name of Secondary Contact Person: Day Phone Number: Night/Emergency Phone Number: **Email Address: Bee Eradication or Removal Service Area: Indicate Service Territory BY COUNTY** If Statewide services are performed indicate ALL in County 1 County 1 County 2 County 3 County 4