

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

LIMITED CERTIFICATION FOR GOVERNMENT PESTICIDE APPLICATORS OR PRIVATE APPLICATORS

ADAM H. PUTNAM COMMISSIONER

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

REMIT SEPARATE CHECKS FOR EACH APPLICATION

IMPORTANT - DIRECTIONS:

(1) Applicant must be 18 years of age or older to apply.

(2) Enclose a check or money order payable to FDACS in the amount of \$150.00. *DO NOT SEND CASH.* PLEASE REMIT SEPARATE CHECKS FOR EACH APPLICATION.

I hereby make application for Limited Certification in the categories checked.

STRUCTURAL PEST CONTROL – 001367 \$ 150.00

LAWN AND ORNAMENTAL PEST CONTROL – 001366 \$ 150.00

TOTAL FEES ENCLOSED \$_____

All questions **MUST** be answered. **PLEASE PRINT**.

lame of Applicant(Last)			(First)			(Middle)	
Mailing Address							
		(Street or	Post Office Box)				
(City)	(Cour	nty)	(State)		(Zip C	Code)	
Telephone Number <u>(</u> (A) rea Code)	Emai	I Address				
FL Driver's License Nu	mber (or State ID)						
Name of Employer (if app	licable)						
Street Address(St				(0, 1)			
					(State)	(Zip Code	
				,	()	(21) 0000	
Employer Phone No	() (Area Code)				()		
Employer Phone No Have you previously been If yes, give month and y	() (Area Code) n examined and failed	d in the category(s) I in category:			. ,		
Employer Phone No Have you previously been If yes, give month and y Structural (Month)	() (Area Code) n examined and failed ear FIRST examined (Year)	d in the category(s) in category: La	now applied for?		. ,		
Employer Phone No Have you previously been If yes, give month and y Structural (Month)	() (Area Code) n examined and failed ear FIRST examined (Year)	d in the category(s) in category: La	now applied for?		. ,		
Employer Phone No Have you previously been If yes, give month and y Structural (Month)	() (Area Code) h examined and failed ear FIRST examined	d in the category(s) in category: La	now applied for?	YES NO (Month) (Month) (g. Code: 42 13 08 02) B7	(Year)		
Employer Phone No Have you previously been If yes, give month and y Structural (Month) Date of Birth	(<u>)</u> (Area Code) n examined and failed ear FIRST examined (Year) (Month) (Day	d in the category(s) in category: La	now applied for?	YES NO (Month) g. Code: 42 13 08 02 B7 bject Code: 001367	(Year)	\$ 150.00	
Employer Phone No Have you previously been If yes, give month and y Structural (Month) Date of Birth	() (Area Code) n examined and failed ear FIRST examined (Year)	d in the category(s) in category: La	now applied for?	YES NO (Month) (Month) (g. Code: 42 13 08 02) B7	(Year)		
Employer Phone No Have you previously been If yes, give month and y Structural (Month) Date of Birth	() (Area Code) n examined and failed ear FIRST examined (Year) (Month) (Day cant's Signature)	d in the category(s) l in category: La	now applied for?	YES NO (Month) g. Code: 42 13 08 02 B7 bject Code: 001367	(Year)	\$ 150.00	
Employer Phone No Have you previously been If yes, give month and y Structural (Month) Date of Birth	() (Area Code) n examined and failed ear FIRST examined (Year) (Month) (Day cant's Signature)	d in the category(s) l in category: La	now applied for?	YES NO (Month) g. Code: 42 13 08 02 B7 bject Code: 001367	(Year)	\$ 150.00	
Employer Phone No Have you previously been If yes, give month and y Structural (Month) Date of Birth	() (Area Code) n examined and failed ear FIRST examined (Year) (Month) (Day cant's Signature)	d in the category(s) l in category: La	now applied for?	YES NO (Month) g. Code: 42 13 08 02 B7 bject Code: 001367	(Year)	\$ 150.00	

Remit Fee Online at: www.FreshFromFlorida.com - or -Check or Money Order Payable to FDACS: FDACS Revenue Processing Section P.O. Box 6710 Tallahassee, FL 32314-671