



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

ADAM H. PUTNAM
COMMISSIONER

Rule 5E-14.1421, 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 I have received initial stewardship training associated with any or all residential fumigants used by the licensee and adequate training under the supervision of a Certified Operator, certified in the category of pest control with respect to fumigation, in the proper and safe handling and use of residential fumigants. I further certify that such training included the following:

- (a) Initial Stewardship training as described in Chapter 5E-2.0312, Florida Administrative Code (F.A.C.);
(b) Proper Personal Protective Equipment, including Self Contained Breathing Apparatus as described in Chapter 5E-14.108, F.A.C.; and
(c) Applicable federal, state and local laws and ordinances.

I further certify that I will not perform a fumigation unless under the supervision of either a certified operator who is certified in the category of fumigation; or a Special Identification Cardholder operating under authority of the certified operator in charge of the fumigation category.

I understand that an Identification Card issued and carrying with it authorization to perform fumigation shall be used in accordance with the provisions of Sections 482.091, Florida Statutes.

Signature of prospective Identification Cardholder Signature of Licensee or Certified Operator in Charge

Sworn to and Subscribed before me Title or Position

this day of, A.D. 20

Personally Known: Yes No

Produced ID: Type:

SEAL

Notary Public

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