



ADAM H. PUTNAM
COMMISSIONER

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

APPLICATION FOR PRIVATE
PESTICIDE APPLICATOR LICENSE

Section 487.046(1), F.S., and Rule 5E-9.026, F.A.C
Telephone: (850) 617-7870

Make Check or Money Order
payable to
FDACS and remit to:
Florida Department of Agriculture
and Consumer Services
P.O. Box 6710
Tallahassee, FL 32314-6170

Legal Name: Last First Middle Suffix

Place of Employment

Title

Business Address

Home Address (physical address)

City State Zip Code

City State Zip Code

Business Email

Mailing Address (If different from home)

Business Phone No. (with area code)

City State Zip Code

Business Fax No. (with area code)

Home Phone No. (with area code)

Cell Phone No. (with area code)

Alternate Home Phone/Fax No. (with area code)

Beeper/Pager (with area code)

Date of Birth

Are you a Florida Resident? Yes No

Home Email address: _____

Place of Birth (City, County, State, Country) _____

I plan to use restricted use pesticides at the following locations (give addresses for all that apply and attach additional sheet if needed).

- On property I own or lease (give address): _____
- At my place of employment (give address if different from business address above): _____
- Other (please specify): _____

****LICENSE FEE OF \$100 MUST ACCOMPANY THIS APPLICATION****

Applicant's accompanying check will be negotiated by the Department as required by law. This act of negotiation has no bearing on applicant's entitlement and may not be used as a basis of estoppel or other doctrine impacting on the right of the Department to deny the permit or license sought.

I hereby apply for a license as a Private Pesticide Applicator to purchase and use restricted use pesticides pursuant to Chapter 487, Florida Statutes, and Chapter 5E-2 and 5E-9, Florida Administrative Code.

I understand that this license is valid only for purchasing, using, or supervising the use of restricted use pesticides on property owned or leased by myself or my employer for the purpose of producing agricultural commodities.

I understand and will comply with the provisions of the above statutes and rules as well as product label instructions. Further, I understand that any violation of the statute, rules, or label instructions constitutes grounds for suspension or revocation of the license and/or other penalties as provided in Chapter 487, Florida Statutes.

Org. Code: 42 13 02 09 000
EO A2
Object Code: 001233 \$ 0.00

Signature of Applicant _____ Date _____