



ADAM H. PUTNAM
COMMISSIONER

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

APPLICATION FOR PUBLIC
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
Pesticide Certification Section
P.O. Box 6710
Tallahassee, FL 32314-6710

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)

CHECK THE CATEGORIES IN WHICH YOU REQUEST LICENSURE
YOU MUST HAVE PASSED THE EXAM IN EACH CATEGORY REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Demonstration & Research | <input type="checkbox"/> Regulatory Pest Control |
| <input type="checkbox"/> Agricultural Animal Pest Control | <input type="checkbox"/> Forest Pest Control | <input type="checkbox"/> Regulatory Inspection & Sampling |
| <input type="checkbox"/> Agricultural Row Crop Pest Control | <input type="checkbox"/> Natural Areas Weed Management | <input type="checkbox"/> Right-of-Way Pest Control |
| <input type="checkbox"/> Agricultural Tree Crop Pest Control | <input type="checkbox"/> Organotin Antifouling Paint Application | <input type="checkbox"/> Seed Treatment |
| <input type="checkbox"/> Aquatic Pest Control | <input type="checkbox"/> Ornamental & Turf Pest Control | <input type="checkbox"/> Sewer Root Control |
| <input type="checkbox"/> Chlorine Gas Infusion | <input type="checkbox"/> Raw Agricultural Commodity Fumigation | <input type="checkbox"/> Soil & Greenhouse Fumigation |
| | | <input type="checkbox"/> Wood Treatment |

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

Journal Transfers from Other State Agencies: See Instructions on Back of Form

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.

FOR AERIAL APPLICATORS ONLY

IMPORTANT: This application must be accompanied by a photocopy of Pilot's License. I understand that any aircraft I pilot for aerial application purposes must conform fully to FAA rules and standards. List N numbers of aircraft you will be flying:

I hereby apply for a license as a Public 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 the license issued as a result of this application is valid only in conjunction with my employment with a government entity.

I understand and will comply with the provisions of the above statute 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: 001135 - Journal Transfers \$ 0.00
001240 - Other \$ 0.00

Signature of Applicant Date

Instructions for Journal Transfers from Other State Agencies

1. Complete a State of Florida Voucher Schedule using the following Account Code for the funds to be transferred to:

422023210014216010000 00010000 Benefitting Object Code: 001135

2. Send the following items to the State Comptroller's Office:
 1. Original Voucher.
 2. Copy of license application.
3. At the same time, send the following items to the Department of Agriculture and Consumer Services (see address on front of the license application - top right).
 1. Copy of Voucher.
 2. Original license application.
 3. Original supporting documents, such as CEU Record of Attendance forms.
4. The Department of Agriculture and Consumer Service's Revenue Section will match up the voucher copy with the Comptroller's verification of fee transfer and will send the package to the Pesticide Certification Section for review and issuance of license.