



ADAM H. PUTNAM
COMMISSIONER

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

**APPLICATION FOR PESTICIDE
DEALER LICENSE**

Section 487.048(1), F.S., and Rule 5E-9.027, 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

Name of Company or Individual Requesting License

Home Address (if individual license)

Mailing Address

City State Zip

City State Zip

Home Phone No. (with area code)

Business Location Address (physical address)

Business Phone No. (with area code)

City State Zip

Business Fax No. (with area code)

Email Address

***LICENSE FEE OF \$250 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 estoppels or other doctrine impacting on the right of the Department to deny the permit of license sought.

I hereby make application for a license to hold, offer for sale, sell, or distribute restricted use pesticides pursuant to Chapter 487, Florida Statutes, and Chapters 5E-2 and 5E-9, Florida Administrative Code.

I have read and I understand and agree to abide by the provisions in the above statute and rules. I further understand that failure to comply with these requirements shall be grounds for suspension or revocation of the license and/or other penalties as prescribed under Chapter 487, Florida Statutes.

Primary Authorized Representative (PRINT)

Title

Date of Birth

Signature **Date**

Secondary Authorized Representative (PRINT) (Optional)

Title

Date of Birth

Signature **Date**

Org. Code: 42 13 02 09 000
EO A2
Object Code: 002007 \$ 0.00