



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

**REQUEST FOR USERNAME & PASSWORD
FOR ELECTRONIC TEMIK PERMIT APPLICATION**

Sections 487.042, 487.051, F.S. and Rule 5E-2.028, F.A.C.
Telephone: (850) 617-7870; FAX (850) 617-7895

Please mail or fax to:
Pesticide Certification Section
Attn: Temik Coordinator
3125 Conner Blvd., Bldg. 8 (L8)
Tallahassee, FL 32399-1650

**ADAM H. PUTNAM
COMMISSIONER**

I request a Username and Password to use the electronic aldicarb (Temik) permit application process. I also authorize the Department of Agriculture and Consumer Services to update my pesticide applicator license file with the following information:

Applicator Name: _____
Last First Middle Suffix

Pesticide Applicator License Number: _____ License Expiration Date: _____

Mailing Address: _____

Business Address: _____

Cell Phone Number: _____ AgNet Number: _____

E-mail Address: _____

Home Phone Number: _____

Business Phone Number: Business Fax Number: _____

Applicator Signature: _____ Date: _____

*****MUST BE SIGNED AND DATED*****

FOR DACS USE ONLY Username: _____ Password: _____
Date Sent: _____ Method _____ Mail _____ Fax _____ E-mail By: _____