



ADAM H. PUTNAM
COMMISSIONER

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

**REQUEST FOR USERNAME AND PASSWORD TO
SUBMIT ELECTRONIC CEU PROGRAM REQUESTS**

Rule 5E-9.029, F.A.C.
Telephone: (850) 617-7870; FAX (850) 617-7895

Please fax or mail to:
Florida Department of Agriculture
and Consumer Services
Pesticide Certification Section
Attn: CEU Coordinator
3125 Conner Blvd., Bldg. 8, L8
Tallahassee, FL 32399-1650

As an education provider, I request a Username and Password to use the electronic process to submit pesticide training programs for approval to grant Continuing Education Units (CEUs) to licensed pesticide applicators for recertification and license renewal.

Provider Information:

Name: _____
Last First Middle Suffix

Business Name: _____

Business Address: _____
Street
City State Zip Code
County

Business Phone: _____ Fax: _____
(area code) + number (area code) + number

Business E-mail: _____

Default Values (Optional): If provided, this information will auto fill on your requests, but can be edited.

Sponsoring Organization: _____

Class Location: _____
Bldg. Name/Room # Street Address
City State Zip Code
County

Provider Signature: _____ Date: _____

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

FDACS Approved by: _____ Date: _____