



ADAM H. PUTNAM
COMMISSIONER

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

**REQUEST FOR CHANGE OF INFORMATION
FOR PESTICIDE APPLICATOR LICENSE**

Section 487.046, F.S. and Rule 5E-9.026, 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
3125 Conner Blvd., Bldg. 8 , L8
Tallahassee, FL 32399-1650

Complete your name and license information plus other sections as needed to update your license file.

Legal Name: _____
Last First Middle Suffix

License Type: PVT COMM PUB License No: _____ Date of Birth: _____

Home E-Mail Address: _____

Business E-Mail Address: _____

Home Address: _____ Home Phone: _____
Home Phone 2: _____
Home Fax: _____

Mailing Address: _____ Cell Phone: _____
Pager/Beeper: _____
Business Phone: _____
Business Headquarters Phone: _____

Business Address: _____ Business Fax: _____
Other Phone/Fax: _____
Description: _____
(Include area code with all phone numbers)

**I AM REQUESTING AN IMMEDIATE CHANGE TO THE INFORMATION LISTED ABOVE FOR MY
RESTRICTED USE PESTICIDE APPLICATOR LICENSE FILE.**

Signature: _____ Date: _____

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