



ADAM H. PUTNAM
COMMISSIONER

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

**APPLICATION FOR PEST CONTROL OPERATOR'S
CERTIFICATE AND/OR SPECIAL
IDENTIFICATION CARD**

Section 482.111(1), F.S. and Rules 5E-14-132 and 5E-14.136, F.A.C.
Telephone: (850) 617-7997

Make check or money order payable to DACS and remit with completed form to:

Bureau of Entomology and Pest Control
1203 Governors Square Blvd.,
Suite 300, GS-46
Tallahassee, FL32301-2961

DO NOT WRITE IN THIS BOX
ISSUANCE INFORMATION

APPROVED _____ DATE _____ MAILED _____

PER SECTIONS 482.111(1) AND 482.151(5), FLORIDA STATUTES (F.S.), THIS APPLICATION AND ALL ISSUANCE FEES ARE DUE AND PAYABLE WITHIN SIXTY (60) DAYS AFTER THE NOTIFICATION OF A PASSING EXAMINATION GRADE. **FAILURE TO SUBMIT IN (90) DAYS WILL REQUIRE RE-EXAMINATION.**

I have been officially notified that I passed the _____ month _____ year examination for pest control special identification card OR certified operator's certificate in the category(s) of:

- Fumigation
- General Household Pest and Rodent Control
- Lawn and Ornamental Pest Control
- Termite and Other Wood-Destroying Organisms Control

ADDITIONAL CATEGORY APPLICANTS

- NO FEE IS REQUIRED FOR ADDITION OF CATEGORY(S)** to a VALID certificate. Applicant is required to enclose their ORIGINAL (GOLD SEAL) CERTIFICATE in order to add the category(s) passed as checked above.

NEW CERTIFICATE APPLICANTS

- I hereby make application for a pest control operator's certificate in accordance with Section 482.111(1), F.S., and I enclose \$150.00 **ISSUANCE FEE** prescribed by rule, Section 5E-14.132 (1), F.A.C. **Applications received 60 days after notification of passing must remit \$200.00 (\$150.00 issuance fee and \$50 late fee). Failure to apply within 90 days will require applicant to re-examine.**

SPECIAL IDENTIFICATION CARD APPLICANTS

- I hereby make application for a special identification card (fumigation) in accordance with Section 482.151(5), F.S., and I enclose \$100.00 **ISSUANCE FEE** prescribed by Section 5E-14.136 (3), F.A.C. **Applications received 60 days after notification of passing must remit \$125.00 (\$100 issuance fee and \$25 late fee). Failure to apply within 90 days will require applicant to re-examine.**

Make check or money order payable to the Department of Agriculture and Consumer Services (DACS). **DO NOT SEND CASH.**

Birth Date _____
Month Day Year

4 Digit PIN # (Reference Memorandum #823 for explanation)
Application cannot be processed without this number

I do hereby declare and affirm that all entries herein and attached hereto and made a part of this application are true and correct statements.

(Signature of Applicant)

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street or Rural Route)

(City) (State) (Zip Code)