



ADAM H. PUTNAM  
COMMISSIONER

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

**LIMITED CERTIFICATION FOR GOVERNMENT  
PESTICIDE APPLICATORS OR PRIVATE  
APPLICATORS**

Section 482.155, F.S. and Rule 5E-14.117, F.A.C.  
Telephone: (850) 617-7997

Make check or money order payable to FDACS and remit with completed form to:  
Bureau of Entomology and Pest Control  
1203 Governors Square Blvd.,  
Suite 300, GS-46  
Tallahassee, FL 32301-2961

**REMIT SEPARATE CHECKS FOR EACH APPLICATION**

**IMPORTANT - DIRECTIONS:**

- (1) Applicant must be 18 years of age or older to apply.
- (2) Attach a current, clearly recognizable, full-face, head-and-shoulders, photograph measuring approximately 1 1/2 x 1 1/2 inches in size even if already on file.
- (3) Enclose a check or money order payable to DACS in the amount of \$150.00.

**DO NOT SEND CASH.**

<b>DO NOT WRITE IN THIS BOX</b>
<b>APPROVED</b> _____
<b>DISAPPROVED</b> _____
<b>DATE</b> _____
<b>BY</b> _____

I hereby make application for Limited Certification in the categories checked.

ATTACH RECENT  1 1/2 x 1 1/2 INCH CLEAR, FULL-FACE PHOTO HERE  <b>EVEN IF ALREADY ON FILE</b>  DO NOT STAPLE
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<input type="checkbox"/> STRUCTURAL PEST CONTROL	\$	150.00
<input type="checkbox"/> LAWN AND ORNAMENTAL PEST CONTROL	\$	150.00
TOTAL FEES ENCLOSED	\$	_____

All questions **MUST** be answered. PLEASE PRINT.

1. **Name of Applicant** \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street or Post Office Box)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

2. **Name of Employer** \_\_\_\_\_  
(if applicable)

Street Address \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Employer Phone No. (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

3. Have you previously been examined and failed in the category(s) now applied for? \_\_\_\_ YES \_\_\_\_ NO  
If yes, give month and year FIRST examined in category:

Structural \_\_\_\_\_ Lawn and Ornamental \_\_\_\_\_  
(Month) (Year) (Month) (Year)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

4 Digit PIN # (Reference Memorandum #823 for explanation)

County to be examined in \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)