



ADAM H. PUTNAM  
COMMISSIONER

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

**SPECIAL TRAINING TO PERFORM  
WOOD-DESTROYING ORGANISM  
INSPECTIONS AND CONTROL**

**Respond to:**  
Bureau of Entomology and Pest  
Control  
1203 Governors Square Blvd,  
Suite 300, GS-46  
Tallahassee, FL 32301-2961

**AFFIDAVIT**

Sections 482.091 and 482.226, F.S. and Rule 5E-14.142, F.A.C.  
Telephone: (850) 617-7997

STATE OF FLORIDA, COMPANY NAME \_\_\_\_\_  
AND LICENSE NUMBER \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ADDRESS \_\_\_\_\_

On this day personally appeared BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgements,

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
who resides at \_\_\_\_\_  
(Street or rural address) (City) (State) (Zip)

\_\_\_\_\_  
Date of Birth (mm/dd/yy) 4 Digit PIN #

who being first duly sworn deposes and says as follows:

I hereby certify that I have received adequate training under the supervision of a Certified Operator, certified in the category of pest control with respect to termites and other wood-destroying organisms, in the detection and control of wood-destroying organisms, I further certify that such training included the following:

- (a) The biology, behavior, and identification of wood-destroying organisms with particular emphasis on ones common to the State of Florida and the damage caused by such organisms;
- (b) The inspection forms to be used to report the inspection findings; and
- (c) Applicable federal, state and local laws and ordinances.

I further certify that I will not perform wood-destroying organism inspections unless under the supervision of a certified operator in charge who is certified in the category of termite and other wood-destroying organism control.

I understand that an Identification Card issued and carrying with it authorization to perform wood-destroying organism inspections shall be used in accordance with the provisions of Sections 482.091 and 482.226, Florida Statutes.

\_\_\_\_\_  
Signature of prospective Identification Cardholder

\_\_\_\_\_  
Signature of Licensee or Certified Operator in Charge

\_\_\_\_\_  
Sworn to and Subscribed before me

\_\_\_\_\_  
Title or Position

this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_\_\_\_

Personally Known:  Yes  No

Produced ID: Type: \_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

**(This Affidavit is not required of Certified Operators certified in the category of TERMITE OR OTHER WOOD-DESTROYING ORGANISM CONTROL).**