



WILTON SIMPSON  
COMMISSIONER

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

**PEST CONTROL EXAMINATION APPLICATION**

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

**Remit Fee Online at:**  
<https://aeslicensing.fdacs.gov>  
- or -  
**Check or Money Order Payable to:**  
FDACS  
Revenue Processing Section  
P. O. Box 6710  
Tallahassee, FL 32314-6710

**REMIT SEPARATE CHECKS FOR EACH APPLICATION**

**IMPORTANT:** Check or money order should be payable to FDACS in the amount as described below. **DO NOT SEND CASH.**  
**Please remit separate checks for each application. All questions MUST be answered if applicable. MAKE CERTAIN YOU QUALIFY – FEES WILL NOT BE REFUNDED IF YOU ARE REJECTED! DO NOT SEND ORIGINAL DOCUMENTS.**

*If you have any questions or need assistance in completing this application, please contact the Bureau of Licensing and Enforcement, Pest Control Section, at 850-617-7997. For additional information see the Instructions at the beginning of this application.*

**PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:**

**\*ALL APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER TO APPLY\***

**Please mail your completed application, required documentation, and fee(s) to:**  
Florida Department of Agriculture and Consumer Services (FDACS)  
Revenue Processing Section  
P. O. Box 6710  
Tallahassee, FL 32314-6710

**Section I – Exam Application Type**

**CHECK ONE OR MORE PEST CONTROL EXAMINATION CATEGORY(S)**

- ☐ General Household Pest & Rodent Control – 001362 (\$300.00) **Complete Sections I-V, VI (if applicable), VII-X**
- ☐ Lawn & Ornamental Pest Control – 001363 (\$300.00) **Complete Sections I-V, VI (if applicable), VII-X**
- ☐ Fumigation – 001361 (\$300.00) **Complete Sections I-V, VI (if applicable), VII-X**
- ☐ Termite Control - 001364 (\$300.00) **Complete Sections I-V, VI (if applicable), VII-X**
- ☐ Special ID Card – 001360 (\$200.00) **Complete Sections I-V, VI (if applicable), VII-X**

**Total Fees Enclosed \$ \_\_\_\_\_**

F&A Use Only

Org. Code: 42 13 08 02 060 EO: B7

Object Code: 001361	\$ 300.00
001362	\$ 300.00
001363	\$ 300.00
001364	\$ 300.00
001360	\$ 200.00

## Section II – Applicant Information

COMPLETE THE FOLLOWING FOR APPLICANT INFORMATION			
FL Driver's License Number (or State ID):			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY)     /     /			
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code	
County			
CONTACT INFORMATION			
Primary Phone Number			
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code	
County			
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	

## Section III – Email Address

COMPLETE THE FOLLOWING FOR APPLICANT EMAIL
Primary Email (Required):
Alternate Email:
Business Email:

*The email address provided for the applicant shall be the applicant's designated email address as provided in section 570.161, Florida Statutes. Failure to provide a valid email address or notify the Department of a change in the email address provided may result in an administrative action.*

## Section IV – Employer Information

COMPLETE THE FOLLOWING FOR EMPLOYER INFORMATION		
Employer Name:		
BUSINESS MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County		
CONTACT INFORMATION		
Primary Phone Number	Primary E-Mail Address	
PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County		

## Section V – Examination Information

COMPLETE THE FOLLOWING FOR EXAMINATION HISTORY		
Have you previously been examined and failed in the category(s) now applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b><i>If yes, provide month and year FIRST examined in each applicable category below:</i></b>		
Fumigation	_____ (Month)	_____ (Year)
General Household Pest Control	_____ (Month)	_____ (Year)
Lawn & Ornamental	_____ (Month)	_____ (Year)
Termite	_____ (Month)	_____ (Year)
<b><i>If previously examined in ALL of the categories being applied for – Skip to Section VII. Otherwise complete A or B.</i></b>		
A. If applying for examination in a category OTHER than Special ID card, provide documentary proof of high school graduation or equivalent education with this application.		
B. Do you hold a degree with advanced training, or a major in entomology or horticulture from a recognized college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following:		
Degree earned _____ with major in _____		
Date _____		
<b><i>(Copies of college transcript(s) and evidence of degree conferred MUST accompany this application if not already on file.)</i></b>		

## Section VI – Employment-Experience Qualifications

- (1) Those qualifying by college education **MUST** have one year of employment as a service employee of a licensee that performs pest control. They must attach substantiating employer's form(s) from each employer. The following information in 2(a), (b), and (c) should also be completed.
- (2) Those qualifying by experience **MUST** have been employed for at least three (3) years as a service employee of a licensee that performs pest control in the category or categories in which the applicant seeks certification. At least one (1) year must have been completed in Florida during the year immediately preceding application. Complete the information below and attach substantiating employer's form(s) (FDACS-13627 Rev. 10/15) from each employer. (Not required for Special ID card applicants.)

(a) Name \_\_\_\_\_ From \_\_\_\_\_  
(Month) (Year)

Complete address \_\_\_\_\_ To \_\_\_\_\_

(b) Name \_\_\_\_\_ From \_\_\_\_\_  
(Month) (Year)

Complete address \_\_\_\_\_ To \_\_\_\_\_

(c) Name \_\_\_\_\_ From \_\_\_\_\_  
(Month) (Year)

Complete address \_\_\_\_\_ To \_\_\_\_\_

### USE ADDITIONAL SHEET IF NECESSARY

Total time as service employee in each category(ies) applied for is as follows:

FUM \_\_\_\_\_ GHP \_\_\_\_\_ L & O \_\_\_\_\_ TERMITE \_\_\_\_\_  
(Yrs.) (Mos.) (Yrs.) (Mos.) (Yrs.) (Mos.) (Yrs.) (Mos.)

## Section VII – Experience

### MUST COMPLETE

REQUIRED FOR ALL APPLICANTS, INCLUDING SPECIAL ID CARD EXAM APPLICANTS.

You must have performed within Florida, and under the supervision of a certified operator, at least forty-five (45) jobs (fifteen – 15 – for SPID only) in each category for which you wish to be examined. Attach a separate job form (FDACS-13653, Rev 10/15) for each category or Special ID card exam.

## Section VIII – Status

### MUST COMPLETE

Are you currently on suspension, revocation or probation by the Florida Department of Agriculture and Consumer Services?

☐ Yes ☐ No If yes, furnish details on separate sheet.

## Section IX – Background Questions

This section **MUST BE COMPLETED** by the applicant seeking licensure. Check “YES” or “NO” for each response. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering “NO”. If you do not fully understand these questions, consult with an attorney, or contact the Department.

YOUR ANSWER TO THESE QUESTIONS MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO PROVIDE THE DEPARTMENT WITH TRUE AND ACCURATE INFORMATION REGARDING THE APPLICANT’S CRIMINAL HISTORY MAY RESULT IN DISCIPLINARY ACTION PURSUANT TO SS. 482.161(1) & (7), F.S.

BACKGROUND QUESTIONS TO BE COMPLETED BY APPLICANT			
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you, in the last three (3) years, been convicted of a crime under any state or federal law involving dishonesty, violence, destruction of property, sexual misconduct or any other crime which directly relates to the practice of pest control?
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted of a crime under any state or federal law involving dishonesty, violence, destruction of property, sexual misconduct or any other crime which directly relates to the practice of pest control, for which you have not completed any term of probation or parole and the conditions thereof?
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of any offense that serves as a predicate to registration as a sexual offender in accordance with s. 943.0435 or ss. 491.0112, 784.049(3)(b), 794.08, 800.101, 826.04, 847.012, 872.06(2), 944.35(3)(b)2., 951.221(1), F.S. or similar laws of any other state?
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted of s. 775.33(4), 782.04(1), (2), or (3), or 782.09, F.S., which resulted in the actual killing of a human being, or similar laws of any other state?
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been classified as a sexual predator pursuant to s. 775.21, F.S. or similar laws of any other state?

If you answered “YES” to any question in questions 1-5 above, you must provide a copy of the arrest report, copies of the disposition or judgment and sentence, and documentation proving all sanctions have been served and satisfied. You must supply this documentation for each occurrence. If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required. Additionally, if you answered “YES” to any question in questions 1-5 above, you must complete the EXPLANATION section for your response. If you have more than one offense to document attach additional pages as necessary.

### Explanation(s) for Background Questions

EXPLANATION	
Name at time of conviction	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

## Section X – Affirmation by Applicant

AFFIRMATION BY WRITTEN DECLARATION	
I DO HEREBY DECLARE THAT ALL ENTRIES HEREIN, ATTACHED HERETO AND MADE A PART OF THIS APPLICATION ARE TRUE AND CORRECT STATEMENTS.	
Signature:	Date:
Print Name:	Date of Birth: