



WILTON SIMPSON
COMMISSIONER

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

APPLICATION FOR LIMITED CERTIFICATION

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. 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 - Application Type

CHECK ONE OR MORE LIMITED APPLICATION TYPE – NEW CERTIFICATE(S)

- ☐ Government or Private Pesticide Structural Pest Control (LS) – 001367 (\$150.00) **Complete Sections I-V and VIII-IX**
- ☐ Government or Private Pesticide Lawn and Ornamental Pest Control (LL) – 001366 (\$150.00) **Complete Sections I-V and VIII-IX**
- ☐ Commercial Landscape Maintenance Personnel (LC) – 001365 (\$150.00) **Complete Sections I-VI and VIII-IX**
- ☐ Commercial Wildlife Management (LW) – 001137 (\$150.00) **Complete Sections I-VI and VIII-IX**
- ☐ Urban Landscape Commercial Fertilizer (LF) – 002258 (\$25.00 – no exam, issuance fee only) **Complete Sections I-IV, VII-IX**

Total Fees Enclosed: \$ _____

F&A Use Only

Org. Code: 42 13 08 02 060

EO: B7

Object Code: 001367	\$ 150.00
001366	\$ 150.00
001365	\$ 150.00
001137	\$ 150.00
002258	\$ 25.00

Section II – Applicant Information

COMPLETE THE FOLLOWING FOR APPLICANT INFORMATION			
County to be Examined in:			
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		
<i>If yes, provide month and year FIRST examined in each applicable limited category below:</i>		
Structural (LS)	_____ (Month)	_____ (Year)
Lawn and Ornamental (LL)	_____ (Month)	_____ (Year)
Landscape Maintenance (LC)	_____ (Month)	_____ (Year)
Wildlife Management (LW)	_____ (Month)	_____ (Year)

Section VI – Insurance Certificate

A completed Certificate of Insurance form, FDACS-13688, Rev. 09/16, is <input type="checkbox"/> included, or <input type="checkbox"/> will be timely filed. Obtain form at http://fdacs.gov/forms
<i>Required for LW & LC applicants only</i>

Section VII – Training Certificate

<input type="checkbox"/> I have enclosed a certification of completion of training issued by the University of Florida (IFAS) and/or Department of Environmental Protection (DEP) with this application.
<i>Required for LF applicants only</i>

Section VIII – 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 IX – Affirmation of Applicant

AFFIRMATION BY WRITTEN DECLARATION	
I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
Original Signature of Applicant:	Date:
Print Name:	Phone Number:

PLEASE ALLOW 4 TO 6 WEEKS FOR PROCESSING