



**WILTON SIMPSON**  
**COMMISSIONER**

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

**APPLICATION FOR COMMERCIAL PESTICIDE  
APPLICATOR LICENSE**

Section 487.046(1), F.S. and Rule 5E-9.026, F.A.C.  
Telephone: (850) 617-7870

Remit Fee Online at:  
[www.FDACS.gov](http://www.FDACS.gov)

**-or-**

Make Checks or Money Order  
payable to FDACS and remit to:  
Revenue Processing Section  
407 S. Calhoun Street, Room 121  
Tallahassee, FL 32399-0800

Legal Name: Last First Middle Suffix

Place of Employment

Title

Business Address

Home Address (physical address)

City State Zip Code

City State Zip Code

Business Email

Mailing Address (If different from home)

Business Phone No. (with area code)

City State Zip Code

Business Fax No. (with area code)

Home Phone No. (with area code)

Cell Phone No. (with area code)

Alternate Home Phone/Fax No. (with area code)

Beeper/Pager (with area code)

Date of Birth

Are you a Florida Resident? ☐ Yes ☐ No

Home Email address: \_\_\_\_\_

Place of Birth (City, County, State, Country) \_\_\_\_\_

CHECK THE CATEGORIES IN WHICH YOU REQUEST LICENSURE  
YOU MUST HAVE PASSED THE EXAM IN EACH CATEGORY REQUESTED

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aerial Application                  | <input type="checkbox"/> Demonstration & Research Pest Control   | <input type="checkbox"/> Right-of-Way Pest Control    |
| <input type="checkbox"/> Agricultural Animal Pest Control    | <input type="checkbox"/> Forest Pest Control                     | <input type="checkbox"/> Seed Treatment               |
| <input type="checkbox"/> Agricultural Row Crop Pest Control  | <input type="checkbox"/> Natural Areas Weed Management           | <input type="checkbox"/> Sewer Root Control           |
| <input type="checkbox"/> Agricultural Tree Crop Pest Control | <input type="checkbox"/> Organotin Antifouling Paint Application | <input type="checkbox"/> Soil & Greenhouse Fumigation |
| <input type="checkbox"/> Aquatic Pest Control                | <input type="checkbox"/> Ornamental & Turf Pest Control          | <input type="checkbox"/> Wood Treatment               |
| <input type="checkbox"/> Chlorine Gas Infusion               | <input type="checkbox"/> Raw Agricultural Commodity Fumigation   |   |

**\*\*\*\*LICENSE FEE OF \$250 MUST ACCOMPANY THIS APPLICATION\*\*\*\***

Applicant's accompanying check will be negotiated by the Department as required by law. This act of negotiation has no bearing on applicant's entitlement and may not be used as a basis of estoppels or other doctrine impacting on the right of the Department to deny the permit or license sought. I hereby apply for a license as a Commercial Pesticide Applicator to purchase and use restricted use pesticides pursuant to Chapter 487, Florida Statutes, and Chapter 5E-2 and 5E-9, Florida Administrative Code.

**FOR AERIAL APPLICATORS ONLY**

**IMPORTANT:** This application must be accompanied by a photocopy of Pilot's License. I understand that any aircraft I pilot for aerial application purposes must conform fully to FAA rules and standards. List N numbers of aircraft you will be flying:

I understand and will comply with the provisions of the above statute and rules as well as product label instructions. Further, I understand that any violation of the statute, rules, or label instructions constitutes grounds for suspension or revocation of the license and/or other penalties as provided in Chapter 487, Florida Statutes.

Org. Code: 42 13 08 02 040  
EO A2  
Object Code: 001016 \$ 0.00

Signature of Applicant

Date