

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

AUTHORIZED PURCHASING AGENT DESIGNATION

Submit to:

Pesticide Certification Section 3125 Conner Blvd., Bldg. 8 Tallahassee, FL 32399-1650

 WILTON SIMPSON
 Section 487.047, F.S., and Rule 5E-9.026, F.A.C.

 COMMISSIONER
 Telephone: (850) 617-7870; FAX (850) 617-7895

Please submit one form for each Authorized Purchasing Agent (APA) you wish to have listed on your license. This form may be copied if you have multiple APAs. If you do not want to designate any APAs, you don't need to return this form.

egal Name of APA:	LAST	FIRST	MIDDLE	SUFFIX (EX: JR, SR, III)	
Date of Birth:	4 Digit PIN #:				
E-Mail Address:					
Place of Birth: City		County	State	Country	
Home Address:			Home Phone:		
Physical address)				(including area code)	
Mailing Address:			Ce	Il Phone:	
If different from home)					
_					
Business Address: 			Bu	Business Phone:	
				(including area code)	
				ger/Beeper:	
		des must be kept secure at all led by or under the direct super			
Signature of APA:				Date:	
use pesticides using	my pesticide applica d not accessible to u	tor license number. I will instr	ruct this individual that 1) re	7.047(3), F.S., to purchase restricte stricted use pesticides must be ke only be applied by or under the dire	
Name of Licensed Ap	plicator or Applicant (please print):			
Signature:			Date:		

If you have any questions, please call the Pesticide Certification Section at (850) 617-7870.