



WILTON SIMPSON
COMMISSIONER

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

**PEST CONTROL BUSINESS
LICENSE APPLICATION**

Rule 5E-14.142, 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

OFFICE USE ONLY – DO NOT FILL IN

| | | | | |
|---------------|-------------|--------------|-----------------|--|
| License Year: | License No. | Date Issued: | Effective Date: | Business Closed () Out-of-Business () Merger () Merger With: |
|---------------|-------------|--------------|-----------------|--|

IMPORTANT: Check or money order should be payable to FDACS in the amount as described below. **DO NOT SEND CASH.**
If you 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:

Section I – Application Type

APPLICATION IS HEREBY MADE FOR THE FOLLOWING PEST CONTROL BUSINESS LICENSE AND IDENTIFICATION CARDS:

- Initial (New) License* - 002240 (\$300.00)
- Renewal License* - 002244 (\$300.00)
- Renewal Late Fee - 012023 (\$50.00)
- Expedite Fee - 002242 (\$50.00)
- Change-of-Business Ownership License* - 001373 (\$300.00)
- Change-of-Business Location Address License* - 001372 (\$25.00)
- Change-of-Registered Business Name License* - 001374 (\$25.00)

*NEW IDENTIFICATION CARDS (\$10.00 EACH) MUST BE ISSUED WITH EACH LICENSE –
New: 002241 / Renew: 002245 / Changes: 001371

F&A Use Only

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

| | | |
|--------------|--------|-----------|
| Object Code: | 002240 | \$ 300.00 |
| | 002244 | \$ 300.00 |
| | 001373 | \$ 300.00 |
| | 012023 | \$ 50.00 |
| | 002242 | \$ 50.00 |
| | 001374 | \$ 25.00 |
| | 001372 | \$ 25.00 |
| | 002241 | \$ 10.00 |
| | 002245 | \$ 10.00 |
| | 001371 | \$ 10.00 |

Section II – Business Information

| COMPLETE THE FOLLOWING FOR THE BUSINESS | | |
|--|--------|-----------|
| Effective Date of Change if Applicable: ____ / ____ / ____ | | |
| Former Name: | | |
| FIRM INFORMATION | | |
| Federal Employer Tax Identification Number (FEIN) or Tax ID Number: | | |
| Firm's Legal Name: | | |
| Check One: () Incorporated () Limited Liability Company () Not Incorporated | | |
| BUSINESS ADDRESS | | |
| Street Address or P.O. Box: | | |
| | | |
| City: | State: | Zip Code: |
| County: | | |
| Primary Phone Number: | | |
| MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS) | | |
| Street Address: | | |
| | | |
| City: | State: | Zip Code: |
| County: | | |

Section III – Email Address

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

[THIS SPACE INTENTIONALLY LEFT BLANK. APPLICATION CONTINUED ON NEXT PAGE.]

Section IV – Owners or Corporate Officers – Use a separate sheet if necessary

| LIST ALL OWNERS OR CORPORATE OFFICERS. GIVE TITLES OF CORPORATE OFFICERS | | |
|--|--------------------|-----------|
| Owner Name: | Percent Ownership: | |
| Owner Title: | | |
| Street: | | |
| City: | State: | Zip Code: |
| Phone: | | |
| Owner Name: | Percent Ownership: | |
| Owner Title: | | |
| Street: | | |
| City: | State: | Zip Code: |
| Phone: | | |

Section V – Certified Operator Information

| LEAVE BLANK Change Effective Date | Each category of pest control being operated at this business location must be in the charge of one certified operator only. List each Certified Operator in charge of each category using the following. F=Fumigation; G=General Household Pest and Rodent Control; L=Lawn and Ornamental Pest Control; T=Termite or Other Wood-Destroying Organism Control. (Attach additional sheets if necessary). | | | | | |
|--------------------------------------|--|-------|--------|--------------|-------------------------------|-----------|
| 1. | | | | | | |
| Start | Last Name | First | Middle | JF Cert. No. | Category(s) in charge of only | Phone No. |
| End | Home Address (Street or Rural Route No.) | | | | City | Zip Code |
| 2. | | | | | | |
| Start | Last Name | First | Middle | JF Cert. No. | Category(s) in charge of only | Phone No. |
| End | Home Address (Street or Rural Route No.) | | | | City | Zip Code |
| 3. | | | | | | |
| Start | Last Name | First | Middle | JF Cert. No. | Category(s) in charge of only | Phone No. |
| End | Home Address (Street or Rural Route No.) | | | | City | Zip Code |
| 4. | | | | | | |
| Start | Last Name | First | Middle | JF Cert. No. | Category(s) in charge of only | Phone No. |
| End | Home Address (Street or Rural Route No.) | | | | City | Zip Code |

Section VI – Records Location

| MUST COMPLETE |
|--|
| Designate location where pest control records and contracts of this licensee will be kept and the exact location address for storage of chemicals if other than licensed business location: _____ _____ |

Section VII – Insurance

| MUST INCLUDE |
|---|
| () You must attach a current certificate of insurance to this application. |

Section VIII – Other

| PLEASE READ CAREFULLY | |
|--|--|
| () In accordance with 5E-14.142(9)(d), F.A.C., either the licensee or the licensee’s certified operator in charge must also submit an APPLICATION FOR PEST CONTROL EMPLOYEE-IDENTIFICATION CARD, FDACS-13606, for each employee with each original or renewal business license application or any business license change. | |
| NOTE: Remit \$10 per APPLICATION FOR PEST CONTROL EMPLOYEE-IDENTIFICATION CARD, FDACS-13606, submitted. | |

I do hereby certify that I am the certified operator(s) in charge of the aforesaid licensed business location and that all information given in this application is true, complete and correct to the best of my knowledge and belief. I hereby further certify that my primary occupation is in the pest control business, that I am employed on a full-time basis by the licensee, and that my principal duty is the personal supervision of and participation in the pest control operations of the licensee at and for the aforesaid licensed business location in compliance with Section 482.071, Subsections 482.111(2), (3), (4), (5) and (6), and Section 482.152, Florida Statutes. Except for change of home address for employee identification card holders, I fully understand that it is the responsibility of the certified operator and/or the licensee to notify the Department promptly of any changes in the information given in this application in accordance with the law and regulations.

Use the on-line eCommerce system to apply for additional or remove identification cards any time after submitting an application for new, renewal, or change of address license. Prescribed forms are also available on request.

Section IX – Affirmation by Written Declaration

| CERTIFIED OPERATOR IN CHARGE OF AND RESPONSIBLE FOR THE PEST CONTROL CATEGORY AS INDICATED ON PAGE ONE, SECTION v | |
|--|----------------|
| 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: |