LIMITED CERTIFICATION FOR COMMERCIAL LANDSCAPE MAINTENANCE PERSONNEL

Section 482.156, F.S. and Rule 5E-14.117, F.A.C.
Telephone: (850) 617-7997

IMPORTANT - DIRECTIONS:
(1) Applicant must be 18 years of age or older to apply.
(3) Enclose a check or money order payable to FDACS in the amount of $150.00. **DO NOT SEND CASH.** PLEASE REMIT SEPARATE CHECKS FOR EACH APPLICATION.

I hereby make application for the Limited Certification for Commercial Landscape Maintenance Personnel examination. (Proof of insurance is required prior to issuance of the credential.)

Limited Certification for Commercial Landscaping Maintenance Personnel - 001365 $ 150.00

TOTAL FEES ENCLOSED $__________

All questions MUST be answered. PLEASE PRINT.

1. Name of Applicant
   (Last) ________________________________ (First) ________________________________ (Middle) ________________________________
   Mailing Address ________________________________ (Street or Post Office Box) ________________________________
   (City) __________________ (County) __________________ (State) __________________ (Zip Code) __________________
   Telephone Number (______) ___________ Email Address ________________________________
   (Area Code) ________________________________
   FL Driver's License No. (or State ID) ________________________________

2. Name of Employer (if applicable)
   Street Address ________________________________
   (Street) __________________ (City) __________________ (County) __________________ (State) __________________ (Zip Code) __________________
   Employer Phone No. (______) ___________ (Area Code) ________________________________

3. Have you previously been examined and failed in the category now applied for? □ YES □ NO
   If yes, give month and year FIRST examined in category: ________________________________
   (Month) __________________ (Year) __________________

Date of Birth: ________________________________
   (Month) __________________ (Day) ___________ (Year) __________________

_________________________________________________________(Applicant's Signature)

County to be examined in: ________________________________

Organ. Code: 42 13 08 02 060
EO: B7
Object Code: 001365 ___________ $ 150.00

FDACS-13604 Rev. 10/15