



WILTON SIMPSON
COMMISSIONER

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

**APPLICATION FOR PEST CONTROL
EMPLOYEE-IDENTIFICATION CARD**

Rule 5E-14.142, F.A.C.
Telephone: (850) 617-7997

Remit Fee Online at:
www.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

JE# _____ JB# _____ Issue Date: _____

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. All questions MUST be answered if applicable. INCOMPLETE APPLICATIONS WILL BE RETURNED.

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.

PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:

ALL APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER TO APPLY

COPIES OF THIS FORM MAY BE MADE BUT YOU MUST SUBMIT ORIGINAL SIGNATURES AND THE FOLLOWING:

Section I – Important Directions

Please Read Carefully and Complete Applicable Sections

- (1) Submit \$10 for each ID Card
- (2) A Special Training to Perform Wood-Destroying Organism Inspections and Control Training Verification Record, FDACS-13642, Rev. 10/15, **MUST ACCOMPANY** this application for applicants trained to perform Wood-Destroying Organism inspections and/or provide termite treatment(s) or re-inspection(s) for contractual purposes.
- (3) A Special Training to Perform Fumigations Affidavit, FDACS-13002, Rev. 07/21, **MUST ACCOMPANY** this application in order to receive the fumigation endorsement on the identification Card.
 - _____ ID card application submitted AT THE TIME OF business license issuance – 002241 (\$10.00)
 - _____ ID card application submitted with a BUSINESS LICENSE CHANGE – 001371 (\$10.00)
(Change of Address, Change of Name or Change of Owner)
 - _____ ID card application submitted **DURING** the valid business license period – 002251 (\$10.00)
- (4) CHECK ONE: This application is for a _____ **NEW** _____ **RENEWAL** _____ **OTHER** Identification Card

Please issue a Pest Control Identification Card to the employee-applicant named below in accordance with section 482.091, F.S., and rule chapter 5E-14, F.A.C. Per section 482.091(1)(b), F.S., the licensee and the certified operator in charge are jointly responsible for obtaining an identification card for employees within 30 days of employment. The postmark date of this application will be used to document and verify the employee's work experience for exam purposes.

F&A Use Only

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

Object Code: 002251	\$ 10.00
002241	\$ 10.00
001371	\$ 10.00

Section II – Applicant Information

COMPLETE THE FOLLOWING FOR APPLICANT INFORMATION			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /			
HOME ADDRESS			
Street Address:			
City		State	Zip Code
County			
CONTACT INFORMATION			
Primary Phone Number			

Section III – Applicant Email Address

COMPLETE THE FOLLOWING FOR APPLICANT EMAIL
Primary Email (Required):
Business Email:

Section IV – Applicant Employment

COMPLETE THE FOLLOWING FOR APPLICANT EMPLOYMENT HISTORY - NEW EMPLOYEE ONLY
This applicant began performing pest control services for this licensee on (DATE): _____

Section V – Business Information

COMPLETE THE FOLLOWING FOR EMPLOYER INFORMATION		
Employer Name:		
JB Number:		
BUSINESS LOCATION		
Street Address:		
City	State	Zip Code
County		
CONTACT INFORMATION		
Primary Phone Number	Primary E-Mail Address	

Section VI – Affirmation by Applicant

COMPLETE THE FOLLOWING FOR CURRENT STATUS	
<p>(A) I am not currently employed at any other pest control licensee in Florida. If previously employed by a Florida licensee, please provide the TERMINATION DATE: month _____ day _____ year _____ and your JE number: _____</p>	
<p>(B) I am not currently employed at any other Florida pest control licensee and I will be a full time employee of the licensee performing the duties of the certified operator in charge of: [circle all that apply] F G L T EFFECTIVE DATE: _____ CPO home/cell phone #: _____</p>	
<p>(C) I am a certified operator currently employed at _____ applying for a SECOND ID CARD for exam experience in [circle the appropriate category] F G L T</p>	
<p>The primary pest control duties assigned to this employee are: () WDO () SPID () FID () Technician () Office () Other _____</p>	

Section VII – Background Questions

This section MUST BE COMPLETED by the applicant seeking licensure or identification card. 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 VIII – Affirmation by 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 of Applicant:	Phone:

Section IX – Affirmation by Licensee or Certified Operator in Charge

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. I ALSO CERTIFY THAT THE APPLICANT HAS RECEIVED AT LEAST 5 DAYS OF FIELD TRAINING UNDER THE DIRECT SUPERVISION OF A CERTIFIED OPERATOR AS REQUIRED BY SECTION 482.091(3), F.S.	
Original Signature of Licensee or Certified Operator in Charge: _____	JB/JF Number:
Print Name:	Date:
	Phone: