



Florida Department of Agriculture and Consumer Services
 Division of Agricultural Environmental Services
PEST CONTROL EXAMINATION APPLICATION

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

**WILTON SIMPSON
 COMMISSIONER**

Remit Fee Online at:
www.FDACS.gov
 - or -
**Check or Money Order Payable to
 FDACS:**
 Bureau of Licensing and Enforcement
 P. O. Box 6710
 Tallahassee, FL 32314-6710

I wish to apply for the following PEST CONTROL EXAMINATION category(s):

- _____ General Household Pest & Rodent Control - 001362 \$300.00
- _____ Lawn & Ornamental Pest Control - 001363 \$300.00
- _____ Fumigation - 001361 \$300.00
- _____ Termite Control - 001364 \$300.00
- _____ Special ID Card - 001360 \$200.00

**ATTACH RECENT
 1 1/2 x 1 1/2 INCH
 CLEAR, FULL-FACE
 PHOTO HERE
 EVEN IF ALREADY
 ON FILE
 DO NOT STAPLE**

TOTAL FEES ENCLOSED \$ _____

Make check or money order payable to "Florida Department of Agriculture and Consumer Services" (FDACS). All questions MUST be answered if applicable. **MAKE CERTAIN YOU QUALIFY - FEES WILL NOT BE REFUNDED IF YOU ARE REJECTED! DO NOT SEND ORIGINAL DOCUMENTS WITH APPLICATION.**

1. Name of Applicant _____
(Last) (First) (Middle)
2. Mailing Address _____
(Street or P.O. Box)

(City) (State) (Zip Code)
3. Daytime Telephone Number _____
(Area code) (Number)
4. FL Driver's License Number (or State ID) _____
5. Email Address _____
6. Name of Employer _____
 Address _____
(Street location) (City) (State) (Zip Code)
7. Have you previously been examined and failed in the category(s) now applied for? Yes No
 If yes, give month and year FIRST examined in category(s):
 FUM. _____ GHP _____ L & O _____ TERMITE _____
(Mo.) (Yr.) (Mo.) (Yr.) (Mo.) (Yr.) (Mo.) (Yr.)
8. If previously examined in **ALL** of the categories being applied for - Go to Line 10. Otherwise complete A or B.
 - A. If applying for examination in a category OTHER than Special ID card, provide documentary proof of high school graduation or equivalent education with this application.
 - B. Do you hold a degree with advanced training, or a major in entomology or horticulture from a recognized college or university? Yes No If yes, answer the following:
 Degree earned _____ with major in _____ Date _____
 (Copies of college transcript(s) and evidence of degree conferred **MUST** accompany this application if not already on file.)

9. EMPLOYMENT-EXPERIENCE QUALIFICATIONS.

- (1) Those qualifying by college education **MUST** have one year of employment as a service employee of a licensee that performs pest control. They must attach substantiating employer's form(s) from each employer. The following information in 2(a), (b), and (c) should also be completed.
- (2) Those qualifying by experience **MUST** have been employed for at least three (3) years as a service employee of a licensee that performs pest control in the category or categories in which the applicant seeks certification. At least one (1) year must have been completed in Florida during the year immediately preceding application. Complete the information below and attach substantiating employer's form(s) (FDACS-13627 Rev. 10/15) from each employer. (Not required for Special ID card applicants.)

(a) Name _____ From _____
(Month) (Year)
 Complete address _____ To _____
(Month) (Year)

(b) Name _____ From _____
 Complete address _____ To _____

(c) Name _____ From _____
 Complete address _____ To _____

USE ADDITIONAL SHEET IF NECESSARY

Total time as service employee in each category(ies) applied for is as follows:

FUM. _____ GHP _____ L & O _____ TERMITE _____
(Yrs.) (Mos.) (Yrs.) (Mos.) (Yrs.) (Mos.) (Yrs.) (Mos.)

10. REQUIRED FOR ALL APPLICANTS, INCLUDING SPECIAL ID CARD EXAM APPLICANTS. You must have performed within Florida, and under the supervision of a certified operator, at least forty-five (45) jobs (fifteen – 15 – for SPID only) in each category for which you wish to be examined. Attach a separate job form (FDACS-13653, Rev 10/15) for each category or Special ID card exam.

11. Are you currently on suspension, revocation or probation by the Florida Department of Agriculture and Consumer Services?
 Yes No If yes, furnish details on separate sheet.

12. This section MUST BE COMPLETED by all applicants. Check Yes or No for each response. If Yes, provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information.

Yes No Have you, in the last five (5) 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.
Yes No Have you ever been convicted of a crime under any state or federal law involving sexual misconduct with a minor child under the age of fourteen (14) years and been classified as a sexual offender or sexual predator.

Failure to provide the department with true and accurate information regarding the applicant's criminal history may result in disciplinary action pursuant to 482.161(1) & (7), F.S.

I do hereby declare that all entries herein, attached hereto and made a part of this application are true and correct statements.

MO _____ DAY _____ YEAR _____
 Date of Birth

 Applicant's Signature

| | | |
|----------------------------------|--------|-----------|
| Org. Code: 42 13 08 02 060 EO B7 | | |
| Object Code: | 001361 | \$ 300.00 |
| | 001362 | \$ 300.00 |
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| | 001364 | \$ 300.00 |
| | 001360 | \$ 200.00 |