



**WILTON SIMPSON
COMMISSIONER**

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

**APPLICATION FOR PRIOR NOTIFICATION
OF PESTICIDE APPLICATIONS**

Rule 5E-14.1055, F. A. C.
Telephone (850) 617-7997

Remit Fee Online at:
www.FDACS.gov

- or -

Check or Money Order Payable to
FDACS:

FDACS
Revenue Processing Section
P. O. Box 6710
Tallahassee, FL 32314-6710

PART A – Pesticide Sensitive Individual

Based on the information provided on the completed form below, including **\$50 initial registration fee - 001368** made payable to FDACS, I request that my name be placed on the Florida Registry of Persons Requiring Prior Notification of Application of Pesticides memorandum published quarterly and distributed to all pest control licensees and certificate holders. I understand that this is **an annual registration** and I must notify the department of any changes in the information below. I also understand that a renewal application will be mailed to me, prior to my renewal date, to my last address of record and it is my responsibility to **renew this registration and submit the \$10 annual renewal fee - 001151**.

- New Application - 001368
 Renewal Application - 001151

Signature of Applicant _____ Date: _____

Please Print Legibly or Type the Below Requested Information

Last Name		First Name		Middle Initial	Date of Birth (Month, Day, Year)	
Primary Residence (Physical) Street Address		Apt. #	City	State	Zip Code	County
Mailing Address – <i>if different than above</i>		City		State	Zip Code	
Day Time Phone #	Night Time Phone #	Cell #		Fax #		

PART B – Physician’s Medical Certification

NOTE: If it is determined by the physician that the applicant requires notification for distance **farther** (up to ½ mile radius) than adjacent/contiguous to his/her primary residence, then the physician must be board certified and recognized by the American Board of Medical Specialties in one or more of the following medical specialties;

- I am, I am not, board certified in Allergy Occupational Medicine Toxicology.

I have determined after examining the above mentioned applicant that a distance of _____ (i.e., adjacent, one block, ¼ mile, ½ mile-maximum) for notification is necessary to protect applicant’s health. I have also determined that the following pesticides or class of pesticides must be avoided by the applicant to protect applicant’s health: _____.

Signature	Lic. # pursuant to FL Statute Ch. 458	Date	Phone #	
Print or Type Physician’s Name	Business Address	City	State	Zip Code

False information knowingly provided shall be a misdemeanor of the second degree, punishable as provided in s.775.082 or s.775.083, F.S., and information in such form or certificate that the licensed physician knows, or should have known to be false, is grounds for disciplinary action pursuant to s.458.331.F.S.

PART C – Adjacent Properties and properties up to ½ mile (if applicable).

It is the responsibility of the applicant to submit to the Department the addresses or properties that fall within the applicable adjacent, contiguous or special distance (up to ½ mile) parameters for notification. The distance specified does not include addresses across the street from your property and shall be limited to those properties adjacent and contiguous (directly connected) to your primary residence unless you have obtained extra distance (up to ½ mile) from your physician as specified in Part B above. Please use separate sheet for additional address listing (if necessary).

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

PART D - Department Verification

Date Application/Check Received _____ Check # _____ Amount \$ _____ ID# _____



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Last Name	First Name		Middle Initial	County
Primary Residence (Physical) Street Address	Apt. #	City	State	Zip Code
Mailing Address – <i>If different than above</i>	City		State	Zip Code

This page must be included
 with application submittal.

Org. Code: 42 13 08 02 060
 EO B7
 Object Code: 001368 \$ 50.00
 001151 \$ 10.00