LIMITED CERTIFICATION FOR GOVERNMENT
PESTICIDE APPLICATORS OR PRIVATE APPLICATORS

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

REMIT SEPARATE CHECKS FOR EACH APPLICATION

IMPORTANT - DIRECTIONS:
(1) Applicant must be 18 years of age or older to apply.
(2) 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 Limited Certification in the categories checked.

☐ STRUCTURAL PEST CONTROL – 001367 $ 150.00

☐ LAWN AND ORNAMENTAL PEST CONTROL – 001366 $ 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 Number (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(s) now applied for? ☐ YES ☐ NO
   If yes, give month and year FIRST examined in category:
   Structural ____________________________ (Month) __________ (Year) ____________
   Lawn and Ornamental _________________________ (Month) __________ (Year) ____________
   Date of Birth: ____________________________ (Month) __________ (Day) __________ (Year) ____________
   ____________________________ (Applicant’s Signature)
   County to be examined in ________________________________

Org. Code: 42 13 08 02 060
EO B7
Object Code: 001367 $ 150.00
001366 $ 150.00