



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

Return to:
Bureau of Licensing and
Enforcement
3125 Conner Blvd., Bldg. 8,
Tallahassee, FL 32399-1650

EMPLOYMENT SERVICE

**WILTON SIMPSON
COMMISSIONER**

Section 570.07(22), F.S. and Rule 5E-14.117, F.A.C.
Telephone: 850-617-7997

Instructions to applicant: This form is to be used to document in-state and out-of-state pest control service employment for examination qualification. Use a separate form for each employer.

SECTION A: To be completed by Applicant

Name of Applicant: _____ DOB: _____

Applicant Address: _____
(Street) (City) (State) (Zip Code)

Applicant Name during Employment (if different): _____

SECTION B: To be completed by Employer

Business Name: _____ Contact Person: _____

Business Address: _____
(Street) (City) (State) (Zip Code)

I hereby certify that _____ (Applicant) was a pest control service employee and while so employed, performed pest control in the category(ies) of:

(Please mark ALL that apply.)

- _____ Fumigation
- _____ General Household Pest and Rodent Control
- _____ Lawn and Ornamental Pest Control
- _____ Termite Control

Furthermore, our records reflect that this applicant was employed FROM: _____ TO: _____
(Month) (Day) (Year) (Month) (Day) (Year)

I further certify that any of the above pest control which was performed by this employee within the State of Florida was performed as a Florida Identification cardholder and under the direction and supervision of a Florida certified pest control operator certified in the category(ies) of pest control indicated above.

Original Signature of Employer or Certified Operator

Witness (OTHER THAN applicant, employer or certified operator)

Print Name

Date

Print Name

Date

Title

JF certificate number, (if applicable)

Witness Address

Telephone Number

Witness City, State & Zip Code