



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

**DOCUMENTED PESTICIDE APPLICATION
FOR CERTIFICATION EXAM QUALIFICATION**

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

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

IMPORTANT DIRECTIONS – Applicants must provide proof of practical experience by documenting 45 pesticide application records (15 for fumigation and special Identification card) to qualify for the certification exam. These forms must be legible. Separate forms must be submitted for each category and each certified operator. Applicants for Fumigation and Special Identification Card exams need to document 15 records and submit the first page only. All other applicants must submit both page one and page two.

Applicant Name: _____ Employee Identification Card No. _____

The following pesticide applications document my experience in the category checked:

_____ Fumigation/SPID _____ Termite/WDO Pest Control _____ Lawn & Ornamental Pest Control _____ General Household Pest Control

Name of Property Owner	Address	Pest Treated	Date Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
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15.			

I do hereby certify that the above named applicant has participated in within this State and under the supervision of a certified operator in the following pest control applications and has demonstrated the requisite knowledge to supervise such work with regards to safety of both persons and property.

WITNESS (other than applicant or certified operator)

Signature of Certified Operator

Print Name

Date

Print Operator Name

Date

WITNESS ADDRESS:

OPERATOR ADDRESS:

FL Certificate No: _____

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(CONTINUED FROM PAGE 1)

IMPORTANT DIRECTIONS - This second page must be completed for all categories (except fumigation or special identification card) and attached to a signed and completed first page.

Applicant Name: _____ Employee Identification Card No. _____

Name of Property Owner	Address	Pest Treated	Date Performed
16.			
17.			
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