



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

**PEST CONTROL CUSTOMER CONTACT CENTER
LICENSE APPLICATION**

ADAM H. PUTNAM
COMMISSIONER

Section 482.072, F.S. and 5E-14.150 F.A.C.
Telephone: (850) 617-7997

Make check or money order payable to FDACS and remit with completed form to:

Bureau of Entomology and Pest Control
1203 Governors Square Blvd,
Suite 300, GS-46
Tallahassee, FL 32301
<http://www.flaes.org>

OFFICE USE ONLY		
License Years:	License No.	Date Issued:
Renewal Date (This is a two year license)		

PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:

1. Application is hereby made for the following Pest Control Customer Contact Center License:

- Initial (New) License (\$600.00) Renewal License (\$600.00)
 Change-of-Contact Center Location Address License (\$250.00) Renewal Late Fee (\$150.00)

2. Effective date of change if applicable _____
Month Day Year Former Name (if applicable)

3. Firm's Legal Name _____
 Check one:
 Incorporated Limited Liability Corporation Partnership Not Incorporated

4. Owner(s) Information: List ALL owners or corporate officers. Give titles of corporate officers. (Use separate sheet if necessary.)

Owner's Name: _____	Owner's Name: _____
Address: _____ <small>Street</small>	Address: _____ <small>Street</small>
_____ City State Zip Code	_____ City State Zip Code
_____ Area code & Phone number Title	_____ Area code & Phone number Title

5. Center Address _____
Street City County Zip Code Area Code & Phone Number

6. Mailing Address _____
(If other than above) Street or Post Office Box No. City Zip Code

7. E-mail Address: _____

8. Name of Primary Contact Person: _____ Phone no.: _____

9. Number of employees located at customer contact center: _____

10. Number of licensed pest control business locations in Florida under the same ownership entity: _____

11. I hereby certify that this business entity does own and operate a licensed pest control business in Florida.

_____ _____ _____
 Print Name of Owner or Authorized Agent Signature Date