



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

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd., Suite N
Tallahassee, FL 32399-1650

AFFIDAVIT

**WILTON SIMPSON
COMMISSIONER**

Rules 5E-2.041, 5E-13.034, 5E-14.1025, F.A.C.
Telephone Number (850) 617-7996

State:	County:	City:
--------	---------	-------

Before me, a designated representative of the State of Florida, Department of Agriculture and Consumer Services, pursuant to one of the following authorities: Chapter 388, F.S. and Chapter 5E-13, F.A. C. (Mosquito Control Law); 482, F.S. and Chapter 5E-14, F.A.C. (Florida Structural Pest Control Act and Rules); 487, F.S., and Chapters 5E-2 and 5E-9, F.A.C. (Florida Pesticide Law and Rules); Chapter 576, F.S., and Chapter 5E-1, F.A.C. (Florida Fertilizer Law and Rules); Chapter 578, F. S., and Chapter 5E-4, F.A.C. (Florida Seed Law and Rules); Chapter 580, F.S., and Chapter 5E-3, F.A.C. (Florida Feed Law and Rules) as read individually, or together, personally appeared:

_____ in the city, county and state aforesaid, who deposes under oath or affirmation and says:

I hereby swear/affirm that the foregoing statement is true to the best of my knowledge.

Signature: _____ Title: _____

Firm Name: _____ Date: _____

Address: _____

Subscribed and sworn to before me, pursuant to law to administer oaths, affidavits, and affirmations, authorization No. _____

Signature of Department Representative