



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

ADAM H. PUTNAM
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 _____