



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

**LIMITED CERTIFICATION FOR COMMERCIAL  
WILDLIFE MANAGEMENT**

ADAM H. PUTNAM  
COMMISSIONER

Rule 5E-14.117, F.A.C.  
Telephone: (850) 617-7997

Remit Fee Online at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- or -

Check or Money Order Payable to  
FDACS:  
FDACS  
Revenue Processing Section  
P.O. Box 6710  
Tallahassee, FL 32314-6710

**IMPORTANT - DIRECTIONS:**

- (1) Applicant must be 18 years of age or older to apply.
- (2) Enclose a check or money order payable to FDACS in the amount of \$150.00. **DO NOT SEND CASH.**  
**PLEASE REMIT SEPARATE CHECKS FOR EACH APPLICATION.**

I hereby make application for the Limited Commercial Wildlife Management examination.

Limited Certification for Commercial Wildlife Management - 001137 \$ 150.00

TOTAL FEES ENCLOSED \$ \_\_\_\_\_

All questions **MUST** be answered. PLEASE PRINT.

1. **Name of Applicant** \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street or Post Office Box)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
(Area Code)

FL Driver's License No. (or State ID) \_\_\_\_\_

2. **Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Employer Phone No. (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

3. Have you previously been examined and failed in the category now applied for?  YES  NO

If yes, give month and year FIRST examined in category: \_\_\_\_\_  
(Month) (Year)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
(Applicant's Signature)

County to be examined in: \_\_\_\_\_

Org. Code: 42 13 08 02 060  
EO B7  
Object Code: 001137 \$ 150.00