



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

APPLICATION FOR PEST CONTROL
SPECIAL IDENTIFICATION CARD (SPID-FUMIGATION)

ADAM H. PUTNAM
COMMISSIONER

Rule 5E-14-136 F.A.C.
Telephone: (850) 617-7997

Remit Fee Online at:
www.FreshFromFlorida.com
- Or -
Check or Money Order Payable to
FDACS:
FDACS
Revenue Processing Section
P.O. Box 6710
Tallahassee, FL 32314-6710

DO NOT WRITE IN THIS BOX
ISSUANCE INFORMATION

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ MAILED \_\_\_\_\_

PER SECTION 482.151(5), FLORIDA STATUTES (F.S.), THIS APPLICATION AND ALL ISSUANCE FEES ARE DUE AND PAYABLE WITHIN SIXTY (60) DAYS AFTER THE NOTIFICATION OF A PASSING EXAMINATION GRADE. FAILURE TO SUBMIT IN (90) DAYS WILL REQUIRE RE-EXAMINATION.

I have been officially notified that I passed the \_\_\_\_\_ month \_\_\_\_\_ year examination for pest control special identification card.

NEW CERTIFICATE APPLICANTS – 002252

( ) I hereby make application for a pest control operator's certificate in accordance with Section 482.151(5), F.S., and I enclose \$100.00 ISSUANCE FEE prescribed by rule, Section 5E-14.136, F.A.C. Applications received 60 days after notification of passing must remit \$150.00 (\$100.00 issuance fee and \$50 late fee). Failure to apply within 90 days will require applicant to re-examine.

Make check or money order payable to the Florida Department of Agriculture and Consumer Services (FDACS). DO NOT SEND CASH.

Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_
Month Day Year

I do hereby declare that all entries herein and attached hereto and made a part of this application are true and correct statements.

(Signature of Applicant)

NAME: \_\_\_\_\_
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_
(Street or Rural Route)

(City) (State) (Zip Code)

Florida Driver's License Number or State ID Card

Org. Code: 42 13 08 02 060
EO B7
Object Code: 002249 \$ 100.00