



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

**PEST CONTROL BUSINESS  
 LICENSE APPLICATION**

**ADAM H. PUTNAM  
 COMMISSIONER**

Rule 5E-14.142, 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

DO NOT FILL IN		
License Year:	License No.	Date Issued:
Business Closed Out-of-Business ( ) Merger ( ) Merger With:		Effective Date:

**PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:**

1. Application is hereby made for the following Pest Control Business License and Identification Cards:

- |  |   |
|--|---|
| <input type="checkbox"/> Initial (New) License* - 002240 (\$300.00)                      | <input type="checkbox"/> Renewal License* - 002244 (\$300.00)                           |
| <input type="checkbox"/> Change-of-Business Ownership License* - 001373 (\$300.00)       | <input type="checkbox"/> Renewal Late Fee - 012023 (\$50.00)                            |
| <input type="checkbox"/> Expedite Fee - 002242 (\$50.00)                                 | <input type="checkbox"/> Change-of-Registered Business Name License* - 001374 (\$25.00) |
| <input type="checkbox"/> Change-of-Business Location Address License* - 001372 (\$25.00) |   |

\*NEW IDENTIFICATION CARDS MUST BE ISSUED WITH EACH LICENSE - New: 002241 / Renew: 002245 / Changes: 001371 (\$10.00 EACH)

2. Effective date of change if applicable \_\_\_\_\_  
Month Day Year Former Name

3. Firm's Legal Name \_\_\_\_\_  
Check one ( ) Incorporated ( ) Limited Liability Corporation ( ) Not Incorporated

4. List all owners OR corporate officers. Give titles of corporate officers. Use a separate sheet if necessary.

Owner	Title	Owner	Title
Street		Street	
City State Zip Code		City State Zip Code	
Phone Number	Percent of ownership	Phone Number	Percent of ownership

5. Business 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. FEIN(or Tax ID) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

LEAVE BLANK Change Effective Date	8. Each category of pest control being operated at this business location must be in the charge of one certified operator only. List each Certified Operator in charge of each category using the following. F=Fumigation; G=General Household Pest and Rodent Control; L=Lawn and Ornamental Pest Control; T=Termite or Other Wood-Destroying Organism Control. (Attach additional sheets if necessary).						
1.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)			City	Zip Code	
2.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)			City	Zip Code	
3.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)			City	Zip Code	
4.	Start	Last Name	First	Middle	JF Cert. No.	Category(s) in charge of only	Home/cell Phone No.
	End	Home Address (Street or Rural Route No.)			City	Zip Code	

# DO NOT FILL IN

9. Complete the following for each employee, providing the employee's full legal name (no initials) and home address. **Include all Certified Operators and Special Identification Cardholders.** Remember to submit a fee of \$10 for each ID card requested. (If new employee, include the ID card application, FDACS form 13606.)  
 Indicate with a check mark above "SPID" and "WDO Insp", if applicable. WDO Insp is for those persons who have received special training to perform termite or other wood-destroying organism inspections pursuant to Section 482.091(9) and 482.226, F.S. (If never applied for, Include the WDO training form FDACS form 13642.)

	Identification Card No.	Date Issued	Date Cancelled
(1) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(2) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(3) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(4) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(5) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(6) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(7) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(8) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			
(9) _____ ( ) ( )			
Last Name _____ First Name _____ Middle Name _____ SPID _____ WDO Insp _____			
Street or Rural Address _____ City _____ Zip Code _____			
Date of Birth (MM/DD/YYYY) _____ 4 Digit PIN # _____ Primary Duty _____			

**DO NOT FILL IN**

9. Complete the following for each employee, providing the employee's full legal name (no initials) and home address. **Include all Certified Operators and Special Identification Cardholders.** Remember to submit a fee of \$10 for each ID card requested. (If new employee, include the ID card application, FDACS form 13606.)  
 Indicate with a check mark above "SPID" and "WDO Insp", if applicable. WDO Insp is for those persons who have received special training to perform termite or other wood-destroying organism inspections pursuant to Section 482.091(9) and 482.226, F.S. (If never applied for, Include the WDO training form, FDACS form 13642.)

(10)	( )	( )
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(11)	( )	( )
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(12)	( )	( )
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(13)	( )	( )
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty

Identification Card No.	Date Issued	Date Cancelled

10. Designate location where pest control records and contracts of this licensee will be kept and the exact location address for storage of chemicals if other than licensed business location.

**11. ATTACH A CURRENT CERTIFICATE OF INSURANCE TO THIS APPLICATION.**

I do hereby certify that I am the certified operator(s) in charge of the aforesaid licensed business location and that all information given in this application is true, complete and correct to the best of my knowledge and belief. I hereby further certify that my primary occupation is in the pest control business, that I am employed on a full-time basis by the licensee, and that my principal duty is the personal supervision of and participation in the pest control operations of the licensee at and for the aforesaid licensed business location in compliance with Section 482.071, Subsections 482.111(2), (3), (4), (5) and (6), and Section 482.152, Florida Statutes. Except for change of home address for employee identification card holders, I fully understand that it is the responsibility of the certified operator and/or the licensee to notify the Department promptly of any changes in the information given in this application in accordance with the law and regulations.

**Use the on-line eCommerce system to apply for additional or remove identification cards any time after submitting an application for new, renewal or change of address license. Prescribed forms are also available on request.**

Signed: \_\_\_\_\_  
 Certified Operator in Charge of and responsible for the pest control category as indicated on page one, paragraph 8

**NOTE: If extra pages are needed, print additional copies of pages 2. Page 3 must have the appropriate signature as required.**

Print Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Org. Code: 42 13 08 02 060	
EO B7	
Object Code: 002240	\$ 300.00
002244	\$ 300.00
001373	\$ 300.00
012023	\$ 50.00
002242	\$ 50.00
001374	\$ 25.00
001372	\$ 25.00
002241	\$ 10.00
002245	\$ 10.00
001371	\$ 10.00