



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

**APPLICATION FOR PEST CONTROL
EMPLOYEE-IDENTIFICATION CARD**

**WILTON SIMPSON
COMMISSIONER**

Rule 5E-14.142, F.A.C.
Telephone: (850) 617-7997

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

OFFICE USE ONLY – DO NOT FILL IN JE# - _____ JB# - _____ Issue Date: _____

IMPORTANT DIRECTIONS -- INCOMPLETE APPLICATIONS WILL BE RETURNED – THIS IS A TWO PAGE FORM

This application must be legible and completely filled out. Copy this form as needed, but you **must submit original signatures** and the following:

- (1) A **CURRENT**, clearly recognizable, full-faced head and shoulders photograph.
- (2) A check or money order in the amount of \$10.00 for each ID card made payable to "FDACS".
- (3) A "Special Training to Perform Wood-Destroying Organism Inspections" affidavit (FDACS-13642) **MUST ACCOMPANY** this application for applicants trained to perform Wood-Destroying Organism inspections and/or provide termite treatment(s) or re-inspection(s) for contractual purposes.
- (4) A "Special Training to Perform Fumigations affidavit (FDACS-13002) **MUST ACCOMPANY** this application in order to receive the fumigation endorsement on the identification Card.
 _____ ID card application submitted AT THE TIME OF business license issuance – 002241 (\$10)
 _____ ID card application submitted with a BUSINESS LICENSE CHANGE – 001371 (\$10)
 (Change of Address, Change of Name or Change of Owner)
 _____ ID card application submitted **DURING** the valid business license period – 002251 (\$10)

**ATTACH RECENT
1 1/2 x 1 1/2 INCH
CLEAR, FULL-FACE
PHOTO HERE
EVEN IF ALREADY
ON FILE
DO NOT STAPLE**

Please issue a Pest Control Identification Card to the employee-applicant named below in accordance with section 482.091, F.S., and rule chapter 5E-14, F.A.C. Per section 482.091(1)(b), F.S., the licensee and the certified operator in charge are jointly responsible for obtaining an identification card for employees within 30 days of employment. The postmark date of this application will be used to document and verify the employee's work experience for exam purposes.

1. **NAME OF BUSINESS:** _____ JB Number: _____

BUSINESS LOCATION: _____
(Street) (City) (Zip code)

CONTACT EMAIL: _____

2. **COMPLETE NAME OF EMPLOYEE:** _____
--Please print or type-- (Last) (First) (Middle)

HOME ADDRESS: _____
(Street) (City) (Zip code)

DATE OF BIRTH: month _____ day _____ year _____

This applicant began performing pest control services for this licensee on (DATE:) _____

The primary pest control duties assigned to this employee are: _____

3. CHECK AND SIGN ONE STATEMENT ONLY:

(A) I am not currently employed at any other pest control licensee in Florida. If previously employed by a Florida licensee, please provide the **TERMINATION DATE:** month _____ day _____ year _____ and your JE number: _____

(B) I am not currently employed at any other Florida pest control licensee and I will be a full time employee of the licensee performing the duties of the certified operator in charge of:
[circle all that apply] **F G L T** **EFFECTIVE DATE:** _____ **CPO home/cell phone #:** _____

(C) I am a certified operator currently employed at _____
applying for a **SECOND ID CARD** for exam experience in [circle the appropriate category] **F G L T**

4. This section MUST BE COMPLETED by all applicants. Check Yes or No for each response. If Yes, provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information.

- ____ Yes ____ No Have you, in the last five (5) years, been convicted of a crime under any state or federal law involving dishonesty, violence, destruction of property, sexual misconduct or any other crime which directly relates to the practice of pest control.
- ____ Yes ____ No Have you ever been convicted of a crime under any state or federal law involving sexual misconduct with a minor child under the age of fourteen (14) years and been classified as a sexual offender or sexual predator.

Failure to provide the department with true and accurate information regarding the applicant's criminal history may result in disciplinary action pursuant to 482.161(1) & (7), F.S.

I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Original Signature of Applicant for ID card: _____ **Date:** _____



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NAME OF BUSINESS: _____ JB Number: _____

COMPLETE NAME OF EMPLOYEE: _____
(Last) (First) (Middle)

5. I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I ALSO CERTIFY THAT THE APPLICANT HAS RECEIVED AT LEAST 5 DAYS OF FIELD TRAINING UNDER THE DIRECT SUPERVISION OF A CERTIFIED OPERATOR AS REQUIRED BY SECTION 482.091 (3), F.S.

Original Signature of Licensee or Certified Operator in Charge

JB/JF Number: _____

(Please print Name)

(Date)

(Contact Phone number)

This page must be included
with application submittal.

Org. Code: 42 13 08 02 060	
EO B7	
Object Code: 002251	\$ 10.00
002241	\$ 10.00
001371	\$ 10.00