

DIVISION OF AGRICULTURAL
ENVIRONMENTAL SERVICES
BUREAU OF LICENSING AND ENFORCEMENT
(850) 617-7997
(850) 617-7850
(850) 617-7967 FAX



THE CONNER BUILDING, No. 8
3125 CONNER BOULEVARD
TALLAHASSEE, FLORIDA 32399-1650

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTION SHEET

Before entering business or upon transfer of business ownership, and annually thereafter, each person, firm, partnership, or corporation engaged in pest control shall apply to the Department for a PEST CONTROL BUSINESS LICENSE (or its renewal) for each business location, and for an EMPLOYEE IDENTIFICATION CARD for each employee and the certified operator(s) in charge who will perform pest control.

The PEST CONTROL OPERATOR'S CERTIFICATE of each Certified Operator IN CHARGE has to be renewed and in good standing for the current renewal year or the application will not be processed.

Please make all checks or money orders payable to the Department of Agriculture and Consumer Services (DACS). DO NOT SEND CASH.

The business license fee is THREE HUNDRED DOLLARS (\$300.00) plus TEN DOLLARS (\$10.00) for each employee identification card for each employee and the certified operator.

INITIAL (NEW) LICENSE: The Business License or Identification Cards will not be issued until the COMPLETED application is received; with exact fees remitted; with a Certificate of Insurance showing the physical address of the business/licensee and reflecting the minimum required liability coverage; and with completed employee identification card applications for each employee and the certified operator(s) in charge.

LICENSE RENEWAL: Unless timely renewed, each Business License will automatically expire 60 calendar days after the anniversary renewal date. If the renewal application is not received within the 30 day grace period from the anniversary renewal date then a LATE FEE of FIFTY DOLLARS (\$50.00) is required. Submit completed employee identification card applications on NEW employees only.

CHANGE-OF-BUSINESS LOCATION ADDRESS OR CHANGE-OF-BUSINESS NAME LICENSE: A license shall automatically expire when a licensee changes business location address or business name as registered with the Department, and the old License shall be surrendered and a new License issued for the remainder of the unexpired term of the old License for a fee of TWENTY FIVE (\$25.00) plus \$10.00 for each I.D. Card including the certified operator. ****CHANGING YOUR NAME MIGHT CHANGE YOUR ANNIVERSARY DATE TO CORRELATE WITH YOUR NEW NAME.**

Enclosures:

- (1) Information sheet for NEW Business license applications
- (2) Information sheet explaining Anniversary Renewal Dates
- (3) Application for Pest Control Business License and Identification Cards (DACS 13605)
- (4) Application for Employee Identification Card (DACS 13606)
- (5) Special Training to Perform Wood-Destroying Organism Inspections and Control (DACS 13642)
- (6) Insurance Certificate (DACS 13616)

Licensing Instructions
07/14



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

IMPORTANT INFORMATION FOR NEW PEST CONTROL BUSINESS LICENSE APPLICANTS PLEASE READ CAREFULLY

Attached is the application for Pest Control Business License and Employee Identification Cards you requested. Please read and follow these instructions carefully while completing your application.

The law requires that you file a complete application before a license can be issued to you. THE LAW ALSO PROHIBITS YOUR SOLICITING, PRACTICING, PERFORMING, OR ADVERTISING IN PEST CONTROL OR OPERATING A PEST CONTROL BUSINESS IN ANY MANNER WHATSOEVER UNTIL YOU ARE LICENSED AND THE LICENSE IS IN YOUR POSSESSION.

Please be advised that this office is required to review your application for completeness and to assure that you qualify for a business license in all aspects before issuing the license. The Florida Administrative Procedure Act, Chapter 120, F.S., provides that within 30 days after receipt of an application for a license, the agency is required to examine the application, notify the applicant of any apparent errors or omissions, and request any additional information or documents required by the agency. Every application for a license must be approved or denied within 90 days after receipt of the original application, or 90 days after the receipt of any requested corrections or additional information that was omitted from the original application. This office will process your application as soon as possible with reasonable dispatch and with due regard for your rights, privileges and interest. You will normally be notified, in writing, within a few days from receipt of your application of any errors or omissions. Your prompt attention to furnish the additional documents or requested information will minimize any delay in processing your application.

A complete application consists of the following:

(1) "Pest Control Business License Application", DACS Form 13605, that is completely, accurately and legibly filled-in, signed and dated by the certified operator in charge, with the appropriate fee. If the information called for is not complete in all respects, the application will be returned for completion and delay the issuance of your license.

IMPORTANT: BEFORE YOU APPLY FOR LICENSE, CAREFULLY READ THE ATTACHED INFORMATION SHEET EXPLAINING THE ANNIVERSARY RENEWAL DATE, HOW THIS DATE IS SET AND HOW IT WILL AFFECT YOUR INITIAL LICENSING PERIOD AND RENEWAL.

(2) Your Certified Operator in Charge is required to sign every page of your business license application. This person must have renewed his or her Pest Control Certified Operator's Certificate for the current year. Individuals registering as Certified Operator(s) in Charge must qualify under and be in full compliance with the Pest Control Act, Chapter 482 of the Florida Statutes. Section 482.152, F.S., prescribes the duties of a certified pest control operator in charge of the pest control operations of a licensed business location. Section 482.021(5), F.S., defines "Certified Operator in Charge" to mean a certified operator:

(A) Whose primary occupation is the pest control business;

(B) Who is employed full time by a licensee; and

(C) Whose principal duty is the personal supervision of the licensee's operation in a category or categories of pest control in which the operator is certified.

If the certified operator has not renewed his or her certificate for the current year, or does not in fact qualify to be the certified operator in charge for any reason, the license cannot and will not be issued until these requirements are satisfied, and further delay in the issuance of your license will result.

Under no circumstances will a license knowingly be issued to an applicant who uses or intends to use the certificate of a certified operator to secure a license unless the certificate holder is, in fact, in charge of the pest control activities in the category or categories of the licensee covered by his or her certificate, as required by law (see above and Section 482.121, F.S.).

(3) "Application for Pest Control Employee Identification Card", DACS Form 13606, completely, accurately and legibly filled in for the certified operator who will be in charge and for all other employees who will be assigned to perform or be trained for pest control in any manner. These persons must also be listed on page 2 (and on additional pages 3 and 4, as needed) of the "Pest Control Business License Application"(DACS Form 13605). If the information called for is not complete in all respects, the application will be returned for completion and will result in a delay in issuance of the license. Persons who have never been issued an employee identification card by this agency must supply a four digit Personal Identification Number (PIN) in the space provided. This number will be used in combination with the employee's date of birth to create a unique identification number. The employee should select a number they can remember. Using the last four digits of their social security number would be a good example.

An application form for the Pest Control Employee Identification Card is enclosed. You may make additional photocopies to avoid delay, provided the copied forms are clearly legible. Additional applications will be sent upon request.

(4) A certificate of Insurance must accompany the application showing at least the minimum amounts of bodily injury and property damage liability insurance coverage as required by law (Chapter 482.071(4), F.S.) that is currently in force and effect.

The certificate must show the insured's (your) BUSINESS LOCATION ADDRESS covered under the policy. An application received without the required Certificate of Insurance is incomplete and cannot be processed.

You will be notified of any deficiency but this will delay the issuance of your license. This office cannot be responsible for delays caused by incomplete applications for any reason. The office will not accept confirmation of insurance coverage by telephone. It is YOUR (the licensee's) responsibility to submit the Certificate of Insurance, not the insurance agent's.

The Certificate of Insurance must meet the following minimum requirements for financial responsibility for bodily injury and property damage consisting of:

(a) Bodily injury: \$250,000 per person and \$500,000 per occurrence; and property damage: \$250,000 per occurrence and \$500,000 in the aggregate; or

(b) Combined single-limit coverage: \$500,000 in the aggregate.

IN ADDITION, ANY LICENSEE that performs WOOD-DESTROYING ORGANISM INSPECTIONS IN ACCORDANCE WITH CHAPTER 482.226(1), F.S., must meet MINIMUM FINANCIAL RESPONSIBILITY in the form of Errors and Omissions (Professional Liability) insurance coverage or bond in an amount no less than \$500,000 in the aggregate and \$250,000 per occurrence, or demonstrate that the licensee has equity or net worth of no less than \$500,000 as determined by generally accepted accounting principles substantiated by a Certified Public Accountant's review or certified audit.

(5) Fees in the exact amount due must accompany the application. An application received without fees is incomplete and cannot be processed. An application received with fees in the wrong amount is incomplete and cannot be processed. You will be notified of the lack of fees or over or under payment for correction. In either case, the issuance of your business license will be delayed.

CURRENT FEE SCHEDULE:

NEW BUSINESS LICENSE	\$300.00
EACH IDENTIFICATION CARD	\$10.00
EXPEDITE FEE	\$50.00*
DISHONORED CHECK RETURNED BY BANK	FEE OWED + \$15.00 or 5% of amount, whichever is greater

*Applicants wanting to have their initial completed business license processed immediately may pay an additional expedite fee of \$50.00 (Chapter 482.071(2), F.S.).

AN EXAMPLE OF FEE CALCULATIONS:

Fees due for 1 Business License @ \$300.00 and 1 Identification Card @ \$10.00 (minimum for an owner/operator) would total \$310.00. Add \$10.00 for each additional ID Card application submitted.

IMPORTANT ADDITIONAL INFORMATION

Please read the information and INSTRUCTIONS on the enclosed Pest Control Business License Application as well as the information sheet explaining Anniversary Renewal Dates and how this will affect you and your company's first license renewal. Your initial license may expire within months of issuance. If you have any questions, please call or write BEFORE YOU APPLY.

As a licensee, you are expected to be completely familiar with the requirements of law, known as the Structural Pest Control Act, Chapter 482, Florida Statutes, and the associated rules of the Department, Chapter 5E-14, Florida Administrative Code. Copies of these rules and regulations are available upon request.

WARNING: Knowingly making false or fraudulent application for a license constitutes grounds for denial, suspension or revocation.

I M P O R T A N T

P L E A S E R E A D

***APPLICATIONS MUST BE COMPLETED EVEN IF
NOTHING HAS CHANGED.**

***INCOMPLETE APPLICATIONS WILL BE RETURNED.**

ALL SIGNATURES MUST BE ORIGINAL

***IF YOU ARE SENDING APPLICATIONS FOR MULTIPLE
LOCATIONS – PLEASE REMIT SEPARATE CHECKS (MARKED
WITH JB#) FOR EACH LOCATION.**

***PLEASE INCLUDE THE ZIPCODE FOR ALL ID CARDHOLDERS
LISTED WITH YOUR BUSINESS.**

***IF ADDING A CPO IN CHARGE OR ADDING A NEW CATEGORY
OF PEST CONTROL TO THE LICENSE AT TIME OF RENEWAL –
SUBMIT A LETTER REQUESTING THESE CHANGES WITH THE
RENEWAL APPLICATION.**

***THE INSURANCE CERTIFICATE MUST REFLECT “DACS” AS
THE CERTIFICATE HOLDER AND THE PHYSICAL ADDRESS (NOT
MAILING) OF THE PEST CONTROL BUSINESS LOCATION.**

***BLANKET CERTIFICATES FOR LARGE CORPORATIONS ARE
ACCEPTED, BUT MUST STILL REFLECT THE PHYSICAL
ADDRESS OF EACH BUSINESS LICENSE LOCATION.**

-- REMEMBER ---

**IF NOT RENEWED WITHIN THE 30 DAY GRACE PERIOD
FOLLOWING YOUR EXPIRATION DATE, A \$50.00 LATE FEE
MUST BE INCLUDED.**



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

**PEST CONTROL BUSINESS
LICENSE APPLICATION**

**NICOLE "NIKKI" FRIED
COMMISSIONER**

Rule 5E-14.142, 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 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:

- | | |
|--|---|
| ☐ Initial (New) License* - 002240 (\$300.00) | ☐ Renewal License* - 002244 (\$300.00) |
| ☐ Change-of-Business Ownership License* - 001373 (\$300.00) | ☐ Renewal Late Fee - 012023 (\$50.00) |
| ☐ Expedite Fee - 002242 (\$50.00) | ☐ Change-of-Registered Business Name License* - 001374 (\$25.00) |
| ☐ 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 _____	City _____	State _____
Zip Code _____		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
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(2)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(3)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(4)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(5)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(6)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(7)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(8)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
(9)	()	()
Last Name	First Name	Middle Name
Street or Rural Address		City
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.)

					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				

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.)					DO NOT FILL IN		
					Identification Card No.	Date Issued	Date Cancelled
(10) _____ () ()							
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			
(11) _____ () ()							
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			
(12) _____ () ()							
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			
(13) _____ () ()							
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			

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



NICOLE "NIKKI" FRIED
COMMISSIONER

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

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

Rule 5E-14.142, 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 32314-671

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

IMPORTANT DIRECTIONS -- INCOMPLETE APPLICATIONS WILL BE RETURNED --

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 "DACS".
- (3) A "Special Training to Perform Wood-Destroying Organism Inspections" affidavit (Form DACS-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 **NEW** applicant must submit his/her date of birth and a 4 digit Personal Identification Number (PIN) of His/Her choice. This combination creates a unique identifier for each person that cannot be changed. THE APPLICANT IS RESPONSIBLE FOR REMEMBERING HIS/HER PIN NUMBER.

_____ 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 Chapter 482.091, F.S., and Rule 5E-14, F.A.C. Per Chapter 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)

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

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

DATE OF BIRTH: month _____ day _____ year _____ **4 digit PIN #:** _____
(Reference Memorandum #823 for explanation)

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**

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

4. 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)



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

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

NICOLE "NIKKI" FRIED
COMMISSIONER

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

Remit Fee Online at:
www.FreshFromFlorida.com

- or -

Check or Money Order Payable to
FDACS:

Bureau of Licensing and Enforcement
Revenue Processing Section
407 S. Calhoun Street, Room 121
Tallahassee, FL 32399-0800

NAME OF BUSINESS: _____ JB Number: _____

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

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



NICOLE "NIKKI" FRIED
COMMISSIONER

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

**SPECIAL TRAINING TO PERFORM
WOOD-DESTROYING ORGANISM
INSPECTIONS AND CONTROL
TRAINING VERIFICATION RECORD**

Sections 482.091 and 482.226, F.S. and Rule 5E-14.1421, F.A.C.
Telephone: (850) 617-7997

Respond to:

Bureau of Licensing and
Enforcement
3125 Conner Blvd, Bldg 8,
Tallahassee, FL 32399-1650

This Form is NOT required of Certified Operators who are certified in the category of TERMITE OR OTHER WOOD-DESTROYING ORGANISM CONTROL.

DATE: _____

COMPANY NAME _____ LICENSE NUMBER _____

ADDRESS _____

EMAIL ADDRESS: _____

The below named applicant:

NAME: _____
(First Name) (Middle Name) (Last Name)

who resides at _____
(Street or rural address) (City) (State) (Zip)

Telephone Number: _____

Florida Driver's License Number (or State ID Number): _____

Date of Birth: _____
(mm/dd/yyyy)

Has received adequate training in the proper detection and control of wood-destroying organisms under the supervision of a Certified Operator, certified in the termite and other wood-destroying organisms category.

I further certify that such training included the following:

- (a) The biology, behavior, and identification of wood-destroying organisms with particular emphasis on those common to the State of Florida and the damage caused by such organisms;
- (b) The inspection forms to be used to report the inspection findings; and
- (c) Applicable federal, state and local laws and ordinances.

The applicant has been informed and understands that he/she cannot perform wood-destroying organism inspections unless under the supervision of a certified operator in charge who is certified in the category of termite and other wood-destroying organism control.

The applicant has also been informed and understands that a Wood-Destroying Organisms Identification Card shall be used in accordance with the provisions of Sections 482.091 and 482.226, Florida Statutes.

Signature of prospective Identification Cardholder

Signature of Certified Operator in Charge

ID Card Number (if applicable)

Title or Position



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

**SPECIAL TRAINING TO PERFORM
FUMIGATION AFFIDAVIT**

Respond to:

Bureau of Licensing and
Enforcement
3125 Conner Blvd, Bldg 8,
Tallahassee, FL 32399-1650

**NICOLE "NIKKI" FRIED
COMMISSIONER**

Rule 5E-14.1421, F.A.C.
Telephone: (850) 617-7997

STATE OF FLORIDA, COMPANY NAME _____
COUNTY OF _____ AND LICENSE NUMBER _____
ADDRESS _____

On this day personally appeared BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgements,

(First Name) (Middle Name) (Last Name)
who resides at _____
(Street or rural address) (City) (State) (Zip)

Date of Birth (mm/dd/yy) Email Address

who being first duly sworn deposes and says as follows:

I hereby certify that I have received initial stewardship training associated with any or all residential fumigants used by the licensee and adequate training under the supervision of a Certified Operator, certified in the category of pest control with respect to fumigation, in the proper and safe handling and use of residential fumigants. I further certify that such training included the following:

- (a) Initial Stewardship training as described in Chapter 5E-2.0312, Florida Administrative Code (F.A.C.);
- (b) Proper Personal Protective Equipment, including Self Contained Breathing Apparatus as described in Chapter 5E-14.108, F.A.C.; and
- (c) Applicable federal, state and local laws and ordinances.

I further certify that I will not perform a fumigation unless under the supervision of either a certified operator who is certified in the category of fumigation; or a Special Identification Cardholder operating under authority of the certified operator in charge of the fumigation category.

I understand that an Identification Card issued and carrying with it authorization to perform fumigation shall be used in accordance with the provisions of Sections 482.091, Florida Statutes.

Signature of prospective Identification Cardholder

Signature of Licensee or Certified Operator in Charge

Sworn to and Subscribed before me

Title or Position

this _____ day of _____, A.D. 20 _____

Personally Known: ☐ Yes ☐ No

Produced ID: Type: _____

SEAL

Notary Public

(This Affidavit is not required of Certified Operators certified in the category of fumigation).



NICOLE "NIKKI" FRIED
COMMISSIONER

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

**CERTIFICATE OF GENERAL LIABILITY INSURANCE
PERTAINING TO PEST CONTROL BUSINESS LICENSE**

Section 482.071(4), F.S. and 5E-14.142, F.A.C.
Telephone: 850-617-7997

Respond to:

Bureau of Licensing and
Enforcement
3125 Conner Blvd, Bldg 8,
Tallahassee, FL 32399-1650

Insured:
(Pest Control Business)

Business Name

Physical Address of Business

City, State, Zip Code

PRODUCER:
(Insurance Agent)

Company Name

Street or Mailing Address

City, State, Zip Code

Phone number

Policy Number

Policy Effective Date

Policy Expiration Date

Insurance Company(ies) Affording Coverage:

Company (Letter A - below)

Company (Letter B - below)

A. Chapter 482.071(4), Florida Statutes, states, in part, that each person making application for a pest control business license or renewal thereof must furnish to the department a certificate of insurance that meets the requirements for minimum financial responsibility for bodily injury and property damage consisting of:

Bodily injury: \$250, 000 each person and \$500, 000 each occurrence; and
Property damage: \$250,000 each occurrence and \$500,000 in the aggregate; or
Combined single-limit coverage: \$500,000 in the aggregate.

The insured firm's coverage meets or exceeds the minimum statutory requirements as stated in "A" above:

Authorized Insurance Representative Signature

B. Does the insured have insurance for performing wood-destroying organism inspections in the form of errors and omissions (professional liability) coverage in an amount no less than \$500,000 in the aggregate and \$250,000 per occurrence?

Yes

No

Authorized Insurance Representative Signature

CERTIFICATE HOLDER

Florida Department of Agriculture and Consumer Services
Bureau of Licensing and Enforcement
3125 Conner Blvd, Bldg 8
Tallahassee, FL 32399-1650
(850) 617-7997 FAX: (850) 617-7967

IMPORTANT INSURANCE INFORMATION

***MUST BE COMPLETED BY CERTIFIED OPERATOR IN CHARGE OF
TERMITE AND OTHER WOOD-DESTROYING ORGANISMS***

PLEASE READ CAREFULLY

If you perform pest control operations in the category of Termite or Other Wood-Destroying Organisms, please answer the following:

IF incorporated:

Business Corporate Name: _____

IF NOT incorporated:

DBA Name: _____

Business Address: _____

Does your firm perform Wood-Destroying Organism inspections and issue DACS form 13645 -- Wood-Destroying Organism Inspection Reports?

YES ☐

NO ☐

If you selected "YES" above, you must show proof of meeting minimum financial responsibility at the time of license application or renewal thereof. Documented proof shall be in the form of an insurance certificate showing coverage for professional liability** (errors and omissions), specifically covering wood-destroying organism inspection reports, in an amount no less than \$500,000 in the aggregate and \$250,000 per occurrence, or demonstrate that the licensee has equity or net worth of no less than \$500,000 as determined by generally accepted accounting principles substantiated by a certified public accountant's review or certified audit. No licensee shall perform wood-destroying organism inspections in accordance with Chapter 482.226(1) and (6), F.S., without meeting the required financial responsibility [as stated in Chapter 5E-14.142(6), F.A.C.].

**** CERTIFICATES OF INSURANCE MUST STATE PROFESSIONAL
LIABILITY OR ERRORS AND OMISSIONS FOR WDO INSPECTIONS
IN ORDER TO BE ACCEPTED****