

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

LICENSE AND ID CARD RENEWAL INFORMATION

ANNUAL RENEWAL OF YOUR PEST CONTROL BUSINESS LICENSE
AND IDENTIFICATION CARDS
MUST OCCUR **ON OR BEFORE** YOUR ANNIVERSARY DATE

PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY

(1) Application forms for renewal of your license and identification cards are enclosed. Please fill out, date, sign, and return the enclosed application, together with check or money order for the required fees due: **\$300.00** for renewal of the business license and **\$10.00** for each employee identification card.

If you are renewing for **MORE THAN ONE** business location, please issue **SEPARATE** checks for each location (license). Checks or money order should be made payable to the Department of Agriculture.

(2) Submit a copy of your current **Certificate of Insurance** that meets the requirements of the Pest Control Act, specifically, Section 482.071(4), Florida Statutes, (F.S.) which states: A licensee may not operate a pest control business without carrying the required insurance coverage. 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:

(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.

THIS IS YOUR RESPONSIBILITY – NOT YOUR INSURANCE AGENT'S.

The certificate **MUST REFLECT THE LICENSED BUSINESS NAME AND PHYSICAL BUSINESS LOCATION ADDRESS – NOT THE MAILING ADDRESS – AS REGISTERED (ON-FILE) WITH THE BUREAU.**

(3) Any licensee that performs wood-destroying organism inspections in accordance with subsection 482.226(1), F.S., must meet the minimum financial responsibilities required in subsection 482.226(6), F.S., which requires error and omission (professional liability) insurance coverage or bond in an amount of 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. The licensee must show proof of meeting this requirement at the time of license application or renewal thereof.

(4) **CERTIFIED OPERATORS PLEASE NOTE:** Chapter 482.152, F.S., provides that a certified operator in charge of the pest control activities of a licensee shall have his/her primary occupation with the licensee, be a full-time employee of the licensee, and his/her principal duties shall include the responsibility for the personal supervision of, training of, and participation of the pest control activities of the licensee at the business location they are in charge of.

(5) **EMPLOYEE IDENTIFICATION CARD RENEWAL INSTRUCTIONS** –

Page two of your renewal application provides an area for you to list your current ID card employees of record. On the renewal application, please **TYPE** or **PRINT** the names of all identification cardholders **TO BE RENEWED**. (DO NOT list any terminated employees.)

For any **NEW EMPLOYEES** that were **NOT PREVIOUSLY LISTED** on your renewal, attach a **completed** Application for Employee Identification Card – including the fee and photo (and any Wood-Destroying Affidavits, if needed); and submit with your renewal application.

(6) Please **DOUBLE-CHECK YOUR APPLICATION** for accuracy and completeness in order to avoid a delay in issuance of your license and ID cards. **MAKE SURE** your application is complete, sign and date the application and submit with **ONE** check or money order for the total renewal amount.

Revised 07/14

THANK YOU FOR YOUR COOPERATION.

DIVISION OF AGRICULTURAL
ENVIRONMENTAL SERVICES
BUREAU OF LICENSING AND ENFORCEMENT
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FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER NICOLE "NIKKI" FRIED

HOW YOUR ANNIVERSARY DATE (ANNUAL RENEWAL DATE) IS SET PLEASE READ CAREFULLY BEFORE APPLYING

Should you have any questions concerning the provisions of the law and would like to have further clarification, please contact this office BEFORE you apply for your pest control business license.

The Pest Control Act, Chapter 482.071(2)(a) and 482.091(4), Florida Statutes, requires that pest control business licenses and employee identification cards must be renewed annually on or before the business ANNIVERSARY DATE (your renewal date). **It is important that applicants for new licenses realize and understand that they will be required to renew their license and identification cards on the VERY NEXT ANNIVERSARY DATE AFTER ISSUANCE. This means you will probably get less than a full year's use from your FIRST business license.**

The law does not allow for prorating license fees for part of a year.

The anniversary/renewal date will depend upon your business name as registered with the Department as shown on your Pest Control Business License Application, (DACS Form 13605). This date will be your ANNIVERSARY DATE (RENEWAL DATE) in the future. The law requires the Department to set the ANNIVERSARY DATE for each business. This date is set according to the alphabetically arranged groupings of licensed businesses as shown below.

For example, if the business name you have chosen is AJAX PEST CONTROL, it falls alphabetically within the first group A-ABLE PEST CONTROL through ALWAYS SCOTTY'S PEST CONTROL. The ANNIVERSARY DATE (RENEWAL DATE) will be set as June 30th of each year.

FIND THE GROUP THAT YOUR BUSINESS NAME FALLS WITHIN		RENEWAL DATE
A-ABLE PEST CONTROL CO	- ALWAYS SCOTTY'S PEST CONTROL	JUNE 30
AMAZON LAWN & ORNAMENTAL PC	- BOYNTON LANDSCAPE	JULY 31
BRACKET'S PEST CONTROL	- CLEARWATER PEST CONTROL	AUGUST 31
CLEMENT'S PEST CONTROL	- EARL'S GARDEN SHOP	SEPTEMBER 30
EARLY BIRD PEST CONTROL	- GREGORY PEST CONTROL	OCTOBER 31
GREMONPREZ LAWN MAINT & LANDSCAPE	- JOHNNY'S	NOVEMBER 30
JOHN'S SPRAY SERVICE	- METROSCAPE	DECEMBER 31
MEYER PEST CONTROL	- ORKIN EXT CO (PANAMA CITY)	JANUARY 31
ORKIN EXT CO (PENSACOLA)	- REGIONAL TERMITE & PC	FEBRUARY 28
REGIS	- SOUTHWEST	MARCH 31
SPACE COAST	- TROPICAL	APRIL 30
TROPICAL HOME & GARDEN	- ZODIAC PEST CONTROL	MAY 31

07/14

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.**



NICOLE "NIKKI" FRIED
COMMISSIONER

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

**PEST CONTROL BUSINESS
LICENSE APPLICATION**

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 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
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

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)



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:

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

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****



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

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 affidavit, FDACS form 13642.)

(1) $\left(\begin{array}{c} \square \\ \square \end{array} \right) \quad \left(\begin{array}{c} \square \\ \square \end{array} \right)$

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
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(2) $(\square)$ $(\square)$

Last Name	First Name	Middle Name	SPID	WDO Insp
-----------	------------	-------------	------	----------

Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty

(3) $(\quad)$ $(\quad)$

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
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(4) $(\quad)$ $(\quad)$

Last Name	First Name	Middle Name	SPID	WDO Insp
-----------	------------	-------------	------	----------

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) $\left[\begin{array}{c} \square \\ \square \end{array} \right] \cdot \left[\begin{array}{c} \square \\ \square \end{array} \right] = \left[\begin{array}{c} \square \\ \square \end{array} \right]$

Last Name	First Name	Middle Name	<u>SPID</u>	<u>WDO Insp</u>
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Street or Rural Address	City	Zip Code
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Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
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(7) $\left(\frac{1}{2} \right) \quad \left(\frac{1}{2} \right)$

Last Name	First Name	Middle Name	SPID	WDO Insp
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(8)		(9)		(10)	
Last Name	First Name	Middle Name	SPID	WFO Issued	

Last Name	First Name	Middle Name	SFID	WDO Insp

Street or Rural Address _____ City _____ Zip Code _____

Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty

(9) $\left(\begin{array}{c} \square \\ \square \end{array} \right) \quad \left(\begin{array}{c} \square \\ \square \end{array} \right)$

Last Name	First Name	Middle Name	SPID	WDO Insp
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Street or Rural Address	City	Zip Code
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Date of Birth (MM/DD/YYYY)	4 Digit PIN #	Primary Duty
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[illegible]