



ADAM H. PUTNAM
COMMISSIONER

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

**APPLICATION FOR LIMITED CERTIFICATION
FOR URBAN LANDSCAPE COMMERCIAL
FERTILIZER**

Section 482.1562, F.S., and Rule 5E-14.117, F.A.C.
Telephone: (850) 617-7997

Remit Fee Online at:
www.FreshFromFlorida.com

- or -

Check or Money Order Payable to
FDACS:

Bureau of Entomology
and Pest Control
P. O. Box 6710
Tallahassee, FL 32314-6710

IMPORTANT – DIRECTIONS:

- (1) Applicants must be 18 years of age or older to apply.
- (2) Attach a current, clearly recognizable, full-face, head and shoulders photograph measuring approximately 1 1/2 x 1 1/2 inches in size even if already on file.
- (3) Enclose a check or money order made payable to DACS in the amount of \$25.00. Please remit separate checks for each application. **DO NOT SEND CASH.**
- (4) You must enclose a certificate of completion of training issued by the University of Florida (IFAS) and/or Department of Environmental Protection (DEP) with this application. An applicant must submit their date of birth and a 4 digit Personal Identification Number (PIN) of their choice. This combination creates a unique identifier for each person. **THE APPLICANT IS RESPONSIBLE FOR REMEMBERING THEIR PIN.**

Issuance fee for a Limited Certificate
for Commercial Fertilizer Application - 002258: \$ 25.00 each

Total Fees Enclosed: \$ _____

**ATTACH RECENT
1 1/2 X 1 1/2 INCH
CLEAR, FULL- FACE
PHOTO HERE
EVEN IF
PREVIOUSLY
SUBMITTED.**

ALL INFORMATION MUST BE LEGIBLE AND COMPLETELY FILLED IN. PLEASE PRINT.

1. Full Legal Name of Applicant: _____
(Last) (First) (Middle)
2. Mailing Address: _____
(Complete Street or Post Office Box Number)

(City) (State) (Zip Code)
3. Email Address: _____
4. Telephone Number: _____
(Area Code) (Phone Number)
5. Applicant's Date of Birth: _____ 4 Digit PIN: _____
(Month) (Day) (Year) (Personal Identification Number)
6. Employed By: _____
(Name of Company)
7. Employer's Address: _____
(Complete Street Address) (City) (State) (Zip Code)
8. Employer's Telephone Number: _____
(Area Code) (Phone Number)

I hereby make application for the issuance of a Limited Certification for Urban Landscape Commercial Fertilizer.

Applicant Signature: _____

Date: _____

Org. Code: 42 13 06 04 001
EO B7
Object Code: 002258 \$ 25.00