



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

**Return the completed form and  
Remit Fee by 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