



CHARLES H. BRONSON  
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) 921-4177

Mail check or money order made payable to FDACS with completed form to:

Bureau of Entomology and Pest Control  
1203 Governors Square Blvd,  
Suite 300, GS-46  
Tallahassee, FL 32301-2961

**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.
- (5) 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: \$ 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: \_\_\_\_\_