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

AUTHORIZED PURCHASING AGENT DESIGNATION

Please submit one form for each Authorized Purchasing Agent (APA) you wish to have listed on your license. This form may be copied if you have multiple APAs. If you do not want to designate any APAs, you don’t need to return this form.

Legal Name of APA:

LAST FIRST MIDDLE SUFFIX (EX: JR, SR, III)

Date of Birth: ___________ 4 Digit PIN #: ______________________

E-Mail Address: ____________________________

Place of Birth: __________________________

City County State Country

Home Address: ____________________________________________

(Physical address) ____________________________ Home Phone: ___________

__________________________ ____________________________

Mailing Address: ____________________________________________

(Cell Phone) ____________________________ (including area code)

__________________________ ____________________________

Business Address: ____________________________________________

Business Phone: ____________________________ (including area code)

__________________________ ____________________________

Pager/Beeper: ____________________________ (including area code)

I understand that 1) restricted use pesticides must be kept secure at all times and not accessible to unauthorized persons, and 2) restricted use pesticides may only be applied by or under the direct supervision of a licensed applicator.

Signature of APA: ____________________________ Date: ___________

I would like to designate the above individual as an authorized purchasing agent pursuant to section 487.047(3), F.S., to purchase restricted use pesticides using my pesticide applicator license number. I will instruct this individual that 1) restricted use pesticides must be kept secure at all times and not accessible to unauthorized persons, and 2) restricted use pesticides may only be applied by or under the direct supervision of a licensed applicator.

Name of Licensed Applicator or Applicant (please print): ____________________________

Signature: ____________________________ Date: ___________

License Type:  □ PVT □ COM □ PUB  License Number (if already issued): ____________________________

If you have any questions, please call the Pesticide Certification Section at (850) 617-7870.

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