



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

NICOLE "NIKKI" FRIED
COMMISSIONER

APPLICATION FOR EMERGENCY
PEST CONTROL CERTIFICATE

Rule 5E-14.140, F.A.C.
Telephone: (850) 617-7997

Please Read Carefully

Remit Fee Online at:
www.FDACS.gov

- 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

Chapter 482.111(9), Florida Statutes, provides as follows: "In the event of the loss of a certified operator in charge or other emergency, one or more emergency pest control certificates may be issued by the department, upon the request of the licensee, to one or more designated identification cardholders for a period of 30 days."

"The Department may issue additional emergency certificates to one or more designated identification cardholders for periods not exceeding 30 days, for up to a maximum of 1 year. The sum of the periods for which emergency certificates are issued to the same licensee may not exceed 1 year during any 3 year period except in the event of the death of a certified operator in charge, in which case, additional emergency certificates may be issued for an extension of up to 120 days."

"The Department shall collect \$50.00 for each emergency certificate issued."

"Upon request by the department, the licensee shall submit interim reports at 30-day intervals containing documented evidence indicating specific actions being taken by the licensee to fill the vacancy created by the loss of a certified operator in charge....an emergency certificate may not be issued in the category of fumigation."

An emergency certificate may be issued only in the category(s) in which the vacating certified operator is certified.

The Department may revoke, suspend, or stop the issuance or renewal of any emergency certificate, in accordance with the provisions of Chapter 120, F.S., upon any one or more of the grounds set forth in Chapter 482.161, F.S. The Department may impose an administrative fine not exceeding \$5,000.00, for the violation of any of the provisions of the Pest Control Act, Chapter 482, F.S., or of DACS Pest Control Regulations, Rule 5E-14, F.A.C.

The licensee is prohibited from performing or engaging in pest control in any category(s) not in the charge of a certified operator, certified in such category(s), unless and until this application is approved and the emergency certificate issued in such category(s).

Upon receipt, the Emergency Certificate must be displayed by the licensee within the licensed business location for which issued.

The intentional or forced transfer or shifting of a certified operator from one licensed business location to another for the purpose of gaining an emergency certificate shall not constitute a loss of a certified operator or other emergency (Rule 5E-14.140 (3), F.A.C.).

IMPORTANT: RETURN THIS APPLICATION COMPLETED AND NOTARIZED, TOGETHER WITH REQUIRED FEES, TO THE ADDRESS SHOWN ABOVE BY _____, THE DEADLINE DATE FOR FILING.

APPLICATIONS AND FEES RECEIVED OR POSTMARKED AFTER THE DEADLINE DATE WILL NOT BE ACCEPTED OR PROCESSED, AND WILL BE RETURNED TO THE APPLICANT.

I HEREBY MAKE APPLICATION FOR AN EMERGENCY PEST CONTROL CERTIFICATE IN ACCORDANCE WITH CHAPTER 482.111, F.S., AND RULE 5E-14.140, F.A.C., IN THE FOLLOWING CATEGORY(S) OF PEST CONTROL CHECKED (X):

- () GENERAL HOUSEHOLD PEST AND RODENT CONTROL
() LAWN AND ORNAMENTAL PEST CONTROL
() TERMITE OR OTHER WOOD-DESTROYING ORGANISMS CONTROL
NO EMERGENCY CERTIFICATES ISSUED IN FUMIGATION
THIS APPLICATION IS FOR THE _____
(1ST, 2ND, 3RD, ETC)
RENEWAL OF THE 30-DAY Emergency Certificate

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND LEGIBLY

1. Name of licensee (Firm) requiring emergency certificate: _____
2. Business location address of licensee (Firm) requiring emergency certificate: _____
Street City
3. Name of vacating certified operator: _____ Cert. No. _____
4. State **exact reason** this loss or emergency exists and emergency certificate is required (if emergency is due to the death of certified operator, give date of death): _____

5. Was this loss or emergency, as either is defined by Rule 5E-14 F.A.C., fabricated, invented, planned, conspired or devised for the purpose of gaining an emergency certificate falsely? YES NO
6. Exact date emergency occurred: _____
7. Have you been granted an initial 30 day Emergency Certificate? YES NO
8. Date requested: _____ Date granted: _____
9. Name of granting DACS official: _____
10. Approximate date this business was first licensed: _____
11. Total period of time, if any, this licensee has operated under an emergency certificate within the past three (3) years:
 _____ years _____ months category(s) G _____ L _____ T _____
12. Name of identification (ID) cardholder-employee designated to be issued this emergency certificate: _____
 ID Card No. _____
13. Home address of ID cardholder: _____
 Home phone number: _____ Age: _____
14. Total period of time as Florida ID cardholder: _____ years _____ months.
15. Name of certified operator, owner or other person to whom this ID cardholder is directly responsible and reports: _____
 Title: _____
16. What **SPECIFIC ACTION** is being taken and what plans do you have to fill this vacancy? Please include a copy of newspaper ad or name of persons interviewed and reasons for not hiring _____

17. When do you expect to fill the vacancy? _____
18. Does your firm employ any other certified operator whose certificate is not being used, and who could be assigned to fill this vacancy temporarily or permanently? YES NO If yes, give name(s) & reason for not using: _____
 _____ Licensees employing certified operators whose certificates are not being used would be expected to fill this vacancy with such certified operator at least until the vacancy can be filled permanently.
19. Total fees enclosed with this application are \$ _____ for the following:
 () \$50.00 for INITIAL 30-day Emergency Certificate - 002254
 () \$50.00 for RENEWAL of initial 30-day Emergency Certificate- 002255

CERTIFICATION AFFIDAVIT

After first being duly sworn, I do hereby attest and affirm that I have read and understand the provisions of the Pest Control Act, Chapter 482.111 (9), F.S., and DACS Pest Control Regulations, Rule 5E-14.140, F.A.C., governing emergency certificates; that all information given and entries made in this application are true and correct to the best of my knowledge and belief; and further, I WILL SUBMIT INTERIM REPORTS AT THIRTY (30) DAY INTERVALS CONTAINING DOCUMENTED EVIDENCE INDICATING SPECIFIC ACTIONS BEING TAKEN TO FILL THE VACANCY CREATED BY THE LOSS OF CERTIFIED OPERATOR IN CHARGE OR OTHER EMERGENCY; and further, I agree to comply with all provisions of the Pest Control Act, Chapter 482 F.S., DACS Pest Control Regulations, Rule 5E-14 F.A.C., and those of the emergency certificate and this application.

 Signature of Licensee or Authorized Agent

 Title or Position

Sworn to and Subscribed before me this _____, day of _____, 20____, by

Notary Public: _____
 Signature of Notary

(Notary Seal)

Personally Known: YES NO

Produced ID Type: _____

Org. Code: 42 13 08 02 060	
EO B7	
Object Code: 002254	\$ 50.00
002255	\$ 50.00