



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

**Return to:**  
Bureau of Licensing and  
Enforcement  
3125 Conner Blvd, Bldg 8,  
Tallahassee, FL 32399-1650

**NICOLE "NIKKI" FRIED  
COMMISSIONER**

Section 570.07(22), F.S. and Rule 5E-14.117, F.A.C.  
Telephone: 850-617-7997

**EMPLOYMENT SERVICE**

Instructions to applicant: This form is to be used to document in-state and out-of-state pest control service employment for examination qualification. Use a separate form for each employer.

**SECTION A: To be completed by Applicant**

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Applicant Name during Employment (if different): \_\_\_\_\_

**SECTION B: To be completed by Employer**

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

I hereby certify that \_\_\_\_\_ (Applicant) was a pest control service employee and while so employed, performed pest control in the category(ies) of:

(Please mark ALL that apply.)

- \_\_\_\_\_ Fumigation
- \_\_\_\_\_ General Household Pest and Rodent Control
- \_\_\_\_\_ Lawn and Ornamental Pest Control
- \_\_\_\_\_ Termite Control

Furthermore, our records reflect that this applicant was employed FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

I further certify that any of the above pest control which was performed by this employee within the State of Florida was performed as a Florida Identification cardholder and under the direction and supervision of a Florida certified pest control operator certified in the category(ies) of pest control indicated above.

\_\_\_\_\_  
Original Signature of Employer or Certified Operator

\_\_\_\_\_  
Witness (OTHER THAN applicant, employer or certified operator)

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Title JF certificate number, (if applicable)

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Witness City, State & Zip Code