



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

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

NICOLE "NIKKI" FRIED  
COMMISSIONER

**SPECIAL TRAINING TO PERFORM  
WOOD-DESTROYING ORGANISM  
INSPECTIONS AND CONTROL  
TRAINING VERIFICATION RECORD**

Sections 482.091 and 482.226, F.S. and Rule 5E-14.1421, F.A.C.  
Telephone: (850) 617-7997

**This Form is NOT required of Certified Operators who are certified in the category of TERMITE OR OTHER WOOD-DESTROYING ORGANISM CONTROL.**

DATE: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The below named applicant:

NAME: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

who resides at \_\_\_\_\_  
(Street or rural address) (City) (State) (Zip)

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

Florida Driver's License Number (or State ID Number): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Has received adequate training in the proper detection and control of wood-destroying organisms under the supervision of a Certified Operator, certified in the termite and other wood-destroying organisms category.

I further certify that such training included the following:

- (a) The biology, behavior, and identification of wood-destroying organisms with particular emphasis on those common to the State of Florida and the damage caused by such organisms;
- (b) The inspection forms to be used to report the inspection findings; and
- (c) Applicable federal, state and local laws and ordinances.

The applicant has been informed and understands that he/she cannot perform wood-destroying organism inspections unless under the supervision of a certified operator in charge who is certified in the category of termite and other wood-destroying organism control.

The applicant has also been informed and understands that a Wood-Destroying Organisms Identification Card shall be used in accordance with the provisions of Sections 482.091 and 482.226, Florida Statutes.

\_\_\_\_\_  
Signature of prospective Identification Cardholder

\_\_\_\_\_  
Signature of Certified Operator in Charge

\_\_\_\_\_  
ID Card Number (if applicable)

\_\_\_\_\_  
Title or Position