



ADAM H. PUTNAM  
COMMISSIONER

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

**APPLICATION FOR LIMITED CERTIFICATION  
FOR URBAN LANDSCAPE COMMERCIAL  
FERTILIZER**

Rule 5E-14.117, F.A.C.  
Telephone: (850) 617-7997

Remit Fee Online at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)  
- or -  
Check or Money Order Payable to  
FDACS:  
FDACS  
Revenue Processing Section  
P.O. Box 6710  
Tallahassee, FL 32314-6710

**IMPORTANT – DIRECTIONS:**

- (1) Applicants must be 18 years of age or older to apply.
- (2) Enclose a check or money order made payable to FDACS in the amount of \$25.00. Please remit separate checks for each application. **DO NOT SEND CASH.**
- (3) 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.

Issuance fee for a Limited Certificate for Commercial Fertilizer Application - 002258: \$ 25.00 each

Total Fees Enclosed: \$ \_\_\_\_\_

**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. FL Driver's License No. (or State ID): \_\_\_\_\_
- 5. Telephone Number: (\_\_\_\_) \_\_\_\_\_  
(Area Code) (Phone Number)
- 6. Applicant's Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)
- 7. Employed By: \_\_\_\_\_  
(Name of Company)
- 8. Employer's Address: \_\_\_\_\_  
(Complete Street Address) (City) (State) (Zip Code)
- 9. 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: \_\_\_\_\_

Org. Code: 42 13 08 02 060  
EO B7  
Object Code: 002258 \$ 25.00