



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

**PEST CONTROL CUSTOMER CONTACT CENTER  
LICENSE APPLICATION**

**WILTON SIMPSON  
COMMISSIONER**

Section 482.072, F.S. and 5E-14.150 F.A.C.  
Telephone: (850) 617-7997

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

| DO NOT FILL IN                            |             |              |
|---|-------------|--------------|
| License Years:                            | License No. | Date Issued: |
| Renewal Date (This is a two year license) |             |              |

**PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY:**

- Application is hereby made for the following Pest Control Customer Contact Center License:
 

|  |   |
|--|---|
| <input type="checkbox"/> Initial (New) License – 002001 (\$600.00)                             | <input type="checkbox"/> Renewal License – 002002 (\$600.00)  |
| <input type="checkbox"/> Expedite Fee – 002254 (\$50.00)                                       | <input type="checkbox"/> Renewal Late Fee – 012006 (\$150.00) |
| <input type="checkbox"/> Change-of-Contact Center Location Address License – 001369 (\$250.00) |   |
- Effective date of change if applicable \_\_\_\_\_  
 Month      Day      Year      Former Name (if applicable) \_\_\_\_\_
- Firm's Legal Name \_\_\_\_\_  
**Check one:** ( ) Incorporated    ( ) Limited Liability Corporation    ( ) Partnership    ( ) Not Incorporated
- Owner(s) Information: List ALL owners or corporate officers. Give titles of corporate officers. (Use separate sheet if necessary.)
 

|  |  |
|--|--|
| Owner's Name _____                         | Owner's Name _____                         |
| Address _____                              | Address _____                              |
| Street _____                               | Street _____                               |
| City _____ State _____ Zip Code _____      | City _____ State _____ Zip Code _____      |
| Area code & Phone number _____ Title _____ | Area code & Phone number _____ Title _____ |
- Center Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code & Phone Number \_\_\_\_\_
- Mailing Address \_\_\_\_\_  
 (If other than above) Street or Post Office Box No. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Name of Primary Contact Person: \_\_\_\_\_ Phone no.: \_\_\_\_\_
- Number of employees located at customer contact center: \_\_\_\_\_
- Number of licensed pest control business locations in Florida under the same ownership entity: \_\_\_\_\_
- I hereby certify that this business entity does own and operate a licensed pest control business in Florida.

\_\_\_\_\_  
Print Name of Owner or Authorized Agent      Signature      Date

|                            |           |
|----------------------------|-----------|
| Org. Code: 42 13 08 02 060 |           |
| EO: B7                     |           |
| Object Code: 002001        | \$ 600.00 |
| 002002                     | \$ 600.00 |
| 002254                     | \$ 50.00  |
| 012005                     | \$ 150.00 |
| 001369                     | \$ 250.00 |