



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

NICOLE "NIKKI" FRIED
COMMISSIONER

**PEST CONTROL CUSTOMER CONTACT CENTER
LICENSE APPLICATION**

5E-14.150 F.A.C.
Telephone: (850) 617-7997

Remit Fee Online at:
www.FDACS.gov
- or -
Check or Money Order Payable to
FDACS:
Revenue Processing Section
P.O. Box 6710
Tallahassee, FL 32314-671

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.

Name of Owner or Authorized Agent (print) Signature Date

Org. Code: 42 13 08 02 060	
EO B7	
Object Code: 002001	\$ 600.00
002002	\$ 600.00
002254	\$ 50.00
012006	\$ 150.00
001369	\$ 250.00