



NICOLE "NIKKI" FRIED  
COMMISSIONER

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

**ILLEGAL/UNLICENSED PEST CONTROL  
OPERATIONS REPORT FORM**

Rule 5E-14.1025, F.A.C.  
Telephone: 850-617-7996

**Respond to:**  
Bureau of Inspection and  
Incident Response  
3125 Conner Blvd, Suite N,  
Tallahassee, FL 32399-1650

**NOTE** - Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. This communication may therefore be subject to public disclosure. **DO NOT SUBMIT THIS FORM** if you wish your personal information, including email address, to remain confidential.

I would like to submit the following observations (which might include evidence such as photos, contracts, receipts, etc.) of what would appear to be unlicensed/illegal pest control operations to the Department.

**OBSERVATIONS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LOCATION WHERE ACTIVITY OBSERVED: (if any)** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State Zip Code

**VEHICLE INVOLVED (if any)** \_\_\_\_\_ **TAG:** \_\_\_\_\_ (If not FL, indicate STATE \_\_\_\_)

Indicate if vehicle displayed any markings/company name (if any):  
\_\_\_\_\_

Indicate location where vehicle is parked/garaged (if known):  
\_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

**SUSPECTED CUSTOMERS (if any)**

\_\_\_\_\_  
Name of individual(s) Contact telephone number

\_\_\_\_\_  
Name of Company (if any)

\_\_\_\_\_  
Street Address City State Zip Code

**YOUR CONTACT INFORMATION (not required)**

\_\_\_\_\_  
Name Phone number