



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

**REQUEST FOR INCLUSION ON AHB BEE
 ERADICATION OR REMOVAL LIST**

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

**WILTON SIMPSON
 COMMISSIONER**

Rule 5E-14.1025, F.A.C.
 Telephone: (850) 617-7997 Fax: (850) 617-7969

I request to be added to the Florida Department of Agriculture's Bee Eradication or Removal List. I certify that I possess a Florida Pest Control Business License with a Certified Operator In Charge of the General Household and Rodent Pest Control Category (GHP- for interior or exterior bee control) and/or the Lawn & Ornamental Pest Control Category (L&O- exterior bee control only) OR I am a registered beekeeper using non-lethal methods and that I've received Africanized Honeybee Training (AHB).

Company or Beekeeper Requesting: _____ JB (License) Number: _____

Licensee or
 Beekeeper Name: _____

Street location: _____

City, State and Zip Code: _____

Contacts:

Name of Primary
 Contact Person: _____

Day Phone Number: _____

Night/Emergency Phone
 Number: _____

Name of Secondary
 Contact Person: _____

Day Phone Number: _____

Night/Emergency Phone
 Number: _____

Email Address: _____

Bee Eradication or Removal Service Area:

Indicate Service Territory BY COUNTY If Statewide services are performed indicate ALL in County 1				
	County 1	County 2	County 3	County 4