REQUEST FOR INFORMATION

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

Issued to:
 Individual Name/Title ________________________________________________________________

Firm Name: _____________________________________________________________________

Location: _____________________________________________________________________

Date: _____________________________

You are hereby requested to provide information pertaining to matters relating to enforcement of the
“Structural Pest Control Act”, Chapter 482, Florida Statutes (FS,) and or the “Pest Control Regulations”,
Chapter 5E-14, Florida Administrative Code.

Failure to give to the Department, or authorized representative thereof, true information upon request regarding
methods and materials used, work performed, or other information essential to the administration of this
Chapter may place you in violation of section 482.161(1)(g), FS, and subject you to administrative action,
including warning letters, fines up to $5,000 per violation, and license probation, suspension or revocation.

Accordingly, you are requested to provide the following specific information within (14) business days from the
date of this request. The information is to be provided via _____________________ (regular mail, electronic
mail, fax etc.) and submitted directly to the Department representative listed below.

1. __________________________________________________________________________
   __________________________________________________________________________

2. __________________________________________________________________________
   __________________________________________________________________________

3. __________________________________________________________________________
   __________________________________________________________________________

4. __________________________________________________________________________
   __________________________________________________________________________

____________________    ______________________
Signature of Individual   Signature of FDACS Representative

____________________    ______________________
Phone                    Phone

Address to mail requested information