



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

Submit To:  
 Pesticide Certification Section  
 3125 Conner Blvd., Bldg. 8 (L29)  
 Tallahassee, FL 32399-1650

**AUTHORIZED PURCHASING AGENT DESIGNATION**

COMMISSIONER

Chapter 487.047(3), F.S., and 5E-9, F.A.C.  
 Telephone: (850) 488-3314; FAX (850) 922-6961

Please submit one form for each Authorized Purchasing Agent (APA) you wish to have listed on your license. This form may be copied if you have multiple APAs. If you do not want to designate any APAs, you don't need to return this form.

Legal Name of APA: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX (EX: JR, SR, III)

Date of Birth: \_\_\_\_\_ 4 Digit PIN #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 (physical address) (including area code)  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 (If different from home) (including area code)  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
(including area code)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Pager/Beeper: \_\_\_\_\_  
(including area code)

I understand that 1) restricted use pesticides must be kept secure at all times and not accessible to unauthorized persons, and 2) restricted use pesticides may only be applied by or under the direct supervision of a licensed applicator.

Signature of APA: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to designate the above individual as an authorized purchasing agent pursuant to section 487.047(3), F.S., to purchase restricted use pesticides using my pesticide applicator license number. I will instruct this individual that 1) restricted use pesticides must be kept secure at all times and not accessible to unauthorized persons, and 2) restricted use pesticides may only be applied by or under the direct supervision of a licensed applicator.

Name of Licensed Applicator or Applicant (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*\*\*\*\* MUST BE SIGNED AND DATED \*\*\*\*\*

License Type:  PVT  COM  PUB License Number (if already issued): \_\_\_\_\_

If you have any questions, please call the Pesticide Certification Section at (850) 488-3314.