



Florida Department of Agriculture and Consumer Services
Bureau of Compliance Monitoring
Pesticide Certification Section
3125 Conner Blvd. Bldg 8 (L-29)
Tallahassee, Florida 32399-1650
(850) 488-3314, FAX (850) 922-6961
www.flaes.org

FAX (or Mail)

DATE:

TO - (Person Making the Request):

FAX NUMBER:

SUBJECT: **Reciprocal FL Pesticide License Request based on Out of State License**

RETURN TO: **RECIPROCAL LICENSE REQUEST DESK (FAX 850-922-6961)**

All information below is required before your request will be reviewed.

- **Include a legible photocopy (front & back) of your current (other state) license.**
(An enlarged copy is helpful if the license is very small.)
- **Please print clearly!**

Licensee Full Name _____

Date of Birth _____ Contact Phones: cell _____ Home _____

Your Current Mailing Address _____

Current Business Address _____

Business Phone: _____

Email address _____

State of Licensure _____ License Number _____

License type (check one): Commercial ___ Public ___ Private ___ Other ___

License Categorie(s) _____

Exams taken to obtain this license? YES or NO Expiration date of license _____

Has your pesticide license ever been revoked, cancelled or suspended? No ___ Yes ___

Are you a Florida resident at this time? No ___ Yes ___

Have you ever had a FL Pesticide license? No ___ Yes ___ License # _____

By signing this form, I affirm that all the information on this form is true and accurate.

Applicant's Signature _____ Date _____