



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

**LATE RENEWAL OF PESTICIDE APPLICATOR LICENSE**

**Return to:**  
Florida Department of Agriculture  
and Consumer Services  
Pesticide Certification Office  
Post Office Box 6710  
Tallahassee, FL 32314-6710

0  
COMMISSIONER

Section 487.049(1), F.S.

**Affidavit must be submitted if license is renewed after expiration. Late fee must be submitted in addition to Affidavit if license is renewed more than 60 days after expiration.**

**Affidavit**

I, \_\_\_\_\_ (PRINT NAME OF PESTICIDE APPLICATOR), am the holder of the following Restricted Use Pesticide Applicator License issued by the State of Florida:

License Type: Private Public Commercial (**CHECK ONE**)

License Number: \_\_\_\_\_

I affirm that I have not purchased, used, or supervised the use of any restricted use pesticide in the State of Florida since the above license expired on \_\_\_\_\_ (LICENSE EXPIRATION DATE).

\_\_\_\_\_  
SIGNATURE OF PESTICIDE APPLICATOR

\_\_\_\_\_  
DATE

**\*\* Pesticide Applicator's Signature Must be Witnessed by a Notary Public \*\***

Name of Notary who witnessed Applicator's signature: \_\_\_\_\_ (Print)

\_\_\_\_\_  
Notary Seal or Stamp:

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
DATE

**\*\* Enclose check or money order in the amount of \$50 if license is being renewed more than 60 days after expiration date. \*\***

Make payable to: Florida Department of Agriculture and Consumer Services OR FDACS. Return to address at top of form.

Pesticide License Fees  
Org Code 42130209000 EO-A2  
Object Code 012008

Validation:

Original - Pesticide Certification Office  
Copy - License Applicant