

CRIMINAL HISTORY

This section MUST BE COMPLETED by the applicant seeking licensure or identification card. Check “YES” or “NO” for each response. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering “NO”. If you do not fully understand these questions, consult with an attorney, or contact the Department.

YOUR ANSWER TO THESE QUESTIONS MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO PROVIDE THE DEPARTMENT WITH TRUE AND ACCURATE INFORMATION REGARDING THE APPLICANT’S CRIMINAL HISTORY MAY RESULT IN DISCIPLINARY ACTION PURSUANT TO SS. 482.161(1) & (7), F.S.

| BACKGROUND QUESTIONS TO BE COMPLETED BY APPLICANT | | | |
|---|------------------------------|-----------------------------|--|
| 1. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you, in the last three (3) years, been convicted of a crime under any state or federal law involving dishonesty, violence, destruction of property, sexual misconduct or any other crime which directly relates to the practice of pest control. |
| 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been convicted of a crime under any state or federal law involving dishonesty, violence, destruction of property, sexual misconduct or any other crime which directly relates to the practice of pest control, for which you have not completed any term of probation or parole and the conditions thereof. |
| 3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of any offense that serves as a predicate to registration as a sexual offender in accordance with s. 943.0435 or ss. 491.0112, 784.049(3)(b), 794.08, 796.08, 800.101, 826.04, 847.012, 872.06(2), 944.35(3)(b)2.,951.221(1), F.S. or similar laws of any other state. |
| 4. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been convicted of s. 775.33(4), 782.04(1), (2), or (3), or 782.09, F.S., which resulted in the actual killing of a human being, or similar laws of any other state. |
| 5. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been classified as a sexual predator pursuant to s. 775.21, F.S. or similar laws of any other state. |

If you answered “YES” to any question in questions 1-5 above, you must provide a copy of the arrest report, copies of the disposition or judgment and sentence, and documentation proving all sanctions have been served and satisfied. You must supply this documentation for each occurrence. If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required. Additionally, if you answered “YES” to any question in questions 1-5 above, you must complete the EXPLANATION section for your response. If you have more than one offense to document attach additional pages as necessary.

Explanation(s) for Background Questions

| EXPLANATION | |
|-------------------------------------|--|
| Name at time of conviction | |
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |

Affirmation by Applicant

| AFFIRMATION BY WRITTEN DECLARATION | |
|--|----------------|
| I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. | |
| Original Signature of Applicant: _____ | Date: |
| Print Name of Applicant: | License (JB#): |