



WILTON SIMPSON
COMMISSIONER

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

**SPECIAL TRAINING TO PERFORM
WOOD-DESTROYING ORGANISM
INSPECTIONS AND CONTROL
TRAINING VERIFICATION RECORD**

Sections 482.091 and 482.226, F.S. and Rule 5E-14.1421, F.A.C.
Telephone: (850) 617-7997

Respond to:
Bureau of Licensing and
Enforcement
3125 Conner Blvd., Bldg. 8,
Tallahassee, FL 32399-1650

This Form is NOT required of Certified Operators who are certified in the category of TERMITE OR OTHER WOOD-DESTROYING ORGANISM CONTROL.

DATE: _____

COMPANY NAME Massey Services Inc., LICENSE NUMBER _____

ADDRESS _____

EMAIL ADDRESS: _____

The below named applicant:

NAME: _____
(First Name) (Middle Name) (Last Name)

who resides at _____
(Street or rural address) (City) (State) (Zip)

Telephone Number: _____

Florida Driver's License Number (or State ID Number): _____

Date of Birth: _____
(mm/dd/yyyy)

Has received adequate training in the proper detection and control of wood-destroying organisms under the supervision of a Certified Operator, certified in the termite and other wood-destroying organisms category.

I further certify that such training included the following:

- (a) The biology, behavior, and identification of wood-destroying organisms with particular emphasis on those common to the State of Florida and the damage caused by such organisms;
- (b) The inspection forms to be used to report the inspection findings; and
- (c) Applicable federal, state and local laws and ordinances.

The applicant has been informed and understands that he/she cannot perform wood-destroying organism inspections unless under the supervision of a certified operator in charge who is certified in the category of termite and other wood-destroying organism control.

The applicant has also been informed and understands that a Wood-Destroying Organisms Identification Card shall be used in accordance with the provisions of Sections 482.091 and 482.226, Florida Statutes.

Signature of prospective Identification Cardholder

Suzanne Graham

Signature of Certified Operator in Charge

ID Card Number (if applicable)

Director of Government Affairs

Title or Position