

Florida Licensing Packet

This packet contains the following licensing applications:

- Florida PCID Application
- Florida Special Training to Perform Wood-Destroying Inspections & Control Training Verification Form 13642

You must complete both applications regardless of the service your new team member is training for.

Complete both forms, scan them as one document, and upload them to the **Initial Training Paperwork Upload Portal** and select the appropriate LIC 3000-level option from the Licensing, Certification, & Regulatory paperwork-type.

Once both forms are reviewed and verified, Learning & Development will the course in your new team member's initial training complete.

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 *APPLICANT EMAIL ADDRESS:*** _____ **REQUIRED!!****

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#):



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**

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

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

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