



CHARLES H. BRONSON  
COMMISSIONER

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

**REQUEST FOR CHANGE OF INFORMATION  
FOR PESTICIDE APPLICATOR LICENSE**

Chapter 487.046, F.S. and 5E-9, F.A.C.  
Telephone: (850) 488-3314; FAX (850) 922-6961

**Please fax or mail to:**

Florida Department of Agriculture  
and Consumer Services  
Pesticide Certification Section  
3125 Conner Blvd., Bldg. 8 (L29)  
Tallahassee, FL 32399-1650

Complete your name and license information plus other sections as needed to update your license file.

Legal Name: \_\_\_\_\_  
Last First Middle Suffix

License Type:  PVT  COMM  PUB License No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 4 Digit PIN #: \_\_\_\_\_

I authorize password-protected updating of my file information by telephone with the following password:

Password: \_\_\_\_\_ (maximum of 8 characters. Characters may be letters, numbers, #,\$,%,&, or \*).

*[If this option is checked and a password provided, you may call our office to make changes by telephone to personal information in your file, such as address and telephone number. You will be asked to provide your name, birth date, 4 digit PIN #, and password to verify identity.]*

I want to change my password to \_\_\_\_\_ (maximum of 8 characters. Characters may be letters, numbers, #,\$,%,&, or \*).

I want to stop password-protected updating of my file information by telephone.

Home E-Mail Address: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone 2: \_\_\_\_\_

\_\_\_\_\_ Home Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Pager/Beeper: \_\_\_\_\_

\_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Headquarters Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Business Fax: \_\_\_\_\_

\_\_\_\_\_ Other Phone/Fax: \_\_\_\_\_

\_\_\_\_\_ Description: \_\_\_\_\_  
(Include area code with all phone numbers)

**I AM REQUESTING AN IMMEDIATE CHANGE TO THE INFORMATION LISTED ABOVE FOR MY RESTRICTED  
USE PESTICIDE APPLICATOR LICENSE FILE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* MUST BE SIGNED AND DATED \*\*\*\*\*